



**Sunderland Safeguarding Children Board
(SSCB)
Annual Report**

**The Effectiveness of Safeguarding Children Arrangements
in Sunderland**

1st April 2015 – 31st March 2016

Introduction/Foreword to the Annual Report

As the Interim Independent Chair of Sunderland Safeguarding Children Board I am pleased to introduce the Annual Report 2015/16. This report captures what was a very tough period for the Board which included an Ofsted inspection that found the Board to be inadequate and it is a testament to all involved that despite this the Board did some good work and maintained its commitment to the children of Sunderland. Whilst change was underway the Board stayed steady, stable, calm and determined. Tribute must also be paid to Colin Morris, the previous Chair for holding a steady hand on the tiller.

The report shows just how much was achieved despite the challenges and what difference the Board was able to make to the lives of some children. There is no doubt that during the year, the Board provided a “safe home” for multi-agency relationships and cooperative working.

It is crucial to recognise that some of the activity this report discusses is now nearly two years old. A huge amount has changed since March 2016. The Report is late this year because so many other reviews and reports into the Boards performance were being undertaken. As a result of the passion and commitment of Board members, the openness to learning and improvement they have displayed and the clarity of what the reviews have told us needs to happen. We are embarking on a major transformation programme, our strategic priorities are based on evidence and intelligence about the system, the learning from a significant number of SCR's is being integrated into frontline practice and we have a clear vision and direction of travel. I am convinced that 2016/17 and 2017/18 will show major progress.



Jane Held

Interim Independent Chair of Sunderland Safeguarding Children Board (SSCB)

1.0 Executive Summary

- 1.1 The Executive Summary provides a concise account of some of the key challenges, improvements and outcomes from the SSCB Annual Report which can be found at www.sunderlandscb.com
- 1.2 2105-2016 was a very difficult and challenging year for Sunderland which included a full Ofsted inspection of Children' Services and of the SSCB.
- 1.3 The new Board governance arrangements were implemented from April 2015 putting ownership and accountability at the highest level in partner agencies. Attendance by partner organisations at Board meetings varies across agencies but has been generally positive. Chairing arrangements for all sub-committees were reviewed. The MSET subcommittee was reviewed and strengthened which included robust oversight and scrutiny around the functioning of the SSCB MSET Operational Group. An interim Chair had been in place since September 2014 and he resigned in March 2016.
- 1.4 Nationally the Public Sector continued to face the challenges of austerity measures and cuts to services at the same time that there is increasing demand for these services. This clearly impacted on agencies and partnerships across Sunderland and was highlighted as a concern in partner agency annual reports where appropriate.
- 1.5 An analysis of performance information scrutinised by the Board highlighted some improvements and areas where performance needed to be strengthened over the year. The number of children receiving services from Children's Social Care also reduced in 2015 – 2016 and a significant level of referrals resulted in no further action by Children's Social Care. An audit undertaken on behalf of the SSCB in 2015 – 2016 identified that all referrals except one were appropriate. The number of re-referrals decreased in March 2016 but the percentage of re-referrals remained above the target at year end.
- 1.6 At the same time the number of children subject to a child protection plan at the end of 2015-2016 had increased with the highest category for the child protection plan for neglect. The number of children subject to a child protection plan for 18 months or more had also been safely reduced. In March 2016 there were 10 children subject to a plan for more than 2 years. The 4 cases were reviewed in order that appropriate action could be taken and avoid any delay for the child. There remains a significant amount of work to do to safely reduce the number of children subject to child protection plans but this is reliant on a number of other factors such as partner confidence in the system and will be part of the improvement journey across the safeguarding partnership in 2016-2017.
- 1.7 By May 2015 the number of children and young people looked after was 586 which was an increase of 20% since March 2014. This represented a rate of almost double the England average. 52% were accommodated and following this, a robust review was undertaken which resulted in the level being safely reduced to 38.1% by end of Quarter 4.
- 1.8 Other areas of improved performance included statutory reviews and statutory visits being held in timescales and Looked After Children having a Personal Education Plan (PEP). The percentage of children living outside of Sunderland's boundary and the data around health assessments of Looked After Children are areas that did not improve over the year. Looked After Children form the highest proportion of children and young people

who go missing but improved performance saw the number of children missing from residential care reduced in Quarter 4. In Quarter 1 only 16% of return interviews were completed by the commissioned service and following a partnership challenge a new service was commissioned by the Council to undertake these interviews more robustly. By Quarter 4 the completion rate had improved to 49% however this is still not acceptable and the Board will continue to monitor the progress of the service and the impact it has on children and young people into 2016 – 2017.

- 1.9** Findings from external inspections in 2015 – 2016 found that Sunderland Local Authority was providing inadequate services for children, STFT services requires improvement for ‘safe’, however the majority of schools, child minders and day care settings were outstanding, Northumbria Police was one of 12 police forces providing good services. In addition, the Section 11 audit undertaken by partners represented on the Board indicated improved compliance since the previous audit in 2013.
- 1.10** As a consequence of the inspection of Children’s Services, a Children’s Commissioner was appointed and a statutory Improvement Board was established which is chaired by the Children’s Commissioner. In addition, an Improvement Plan was established to address the key findings of the inspection. The direction from the Department for Education (DfE) required social care services to come out of council control. The Council is working with the Children’s Commissioner and the Department for Education (DfE) to contract Children’s Services functions to a new company which will be the first of its kind offering the opportunity to deliver innovative children’s services. The company will be in shadow form from September 2016 and will “go live” from April 2017.
- 1.11** The Board was found by Ofsted to be failing to exercise sufficient scrutiny of services for safeguarding children and young people in Sunderland, it had not done enough to evaluate how effectively agencies were keeping children safe or holding partners to account for their practice and had not provided sufficient leadership. Coordination of key priorities such as CSE, children who go missing etc was not adequate and there had been no multi-agency practice audit undertaken for over a year. Consequently the Board had not monitored the effectiveness of local arrangements to safeguard children as required under statutory guidance. The Board was given 7 recommendations as set out below which were duly implemented:
- Ensure full Board approval of agreed priorities and action planning
 - Ensure that the Board is able to effectively monitor the quality and impact of services for children across the partnership
 - Accelerate implementation of an early help strategy, ensuring that it is consistent with the ‘multi-agency threshold guidance’ document and then monitor its effectiveness.
 - Review multi-agency training to ensure it supports and promotes front line practice and is able to respond to demand following the imminent publication of a high number of Serious Case Reviews (SCRs); then ensure lessons are learnt and improvements embedded
 - Agree with partner local authorities on Child Death Overview Panel (CDOP), a coordinated response to the high number of SCR’s awaiting publication
 - Ensure that multi-agency arrangements for the oversight of children missing and at risk of sexual exploitation or trafficking are driven by effective information sharing, performance monitoring, action planning and are strategically coordinated and monitored by the board

- Review the resources available to undertake the governance of Multi-Agency Looked After Partnership (MALAP) to ensure a sufficient focus

- 1.12** The Ofsted Inspection recognised that the Board was aware of the issues and shortfalls in its effectiveness, and that the governance review and new arrangements were designed to address them but that it was too early to establish whether the changes were making the desired difference.
- 1.13** As part of the core Board functions the SSCB worked with the LSCBs from two local areas to move to a sub-regional procedure arrangement. This was seen as a positive way forward for children and young people as often our children move across boundaries whether through a transient family lifestyle, planned move with their family, through foster or adoptive placements or through risk taking behaviour. In these situations the response from practitioners are then the same regardless of which of the 3 areas the children, young people or family and practitioners are in. The SSCB has a Learning and Improvement Framework and a Performance and Quality Assurance Framework which set out the way in which the Board will promote a culture of continuous improvement. In 2015 – 2016 the Board progressed a number of learning and improvement activities and whilst there has been progress there remain challenges around embedding this approach into the culture and practice of the children’s workforce in Sunderland.
- 1.14** 1,289 delegates attended SSCB training in 2015 – 2016. There has been good representation of agencies across the partnership, with education colleagues (29%), Health (21%), the voluntary sector at 19%, the Social Work Service (13%) and Early Intervention Services (12%) attending the training available. Evaluations from participants remain very positive with 100% of delegates strongly agreeing/agreeing that their learning outcomes had been met and 97% of delegates agreed that the training provided would be of practical use to them in their role. In July 2015 Ofsted commented that the “Board arrangements for training are stronger than the Board’s other statutory functions.
- 1.15** The Board’s priorities during the year 2015 – 2016 were set out in the SSCB Business Plan 2014 – 2018 and comprised 3 high level priorities. It is important to highlight that progress against all elements of the Business Plan has been negatively impacted on by the high level of serious case reviews and frequent changes in staff within Children Services.
- 1.16** A new Interim Chair was appointed in April 2016 and they supported the Board to undertake a diagnostic self-assessment. This diagnostic found that the Board has made progress, has some strengths to build and there has been change and improvement, particularly in terms of CSE, but the Board lacks impact or effectiveness.
- 1.17** A further review commissioned by the Children’s Commissioner in Sunderland was undertaken as a desktop review of all SSCB minutes (Main board and all subgroups) from April 2015 to May 2016. This review reinforced the findings of the diagnostic self-assessment, highlighting that the Board has some strengths to build on; there is some evidence of improvement especially the work of the Executive Group, the MSET and the Quality Assurance Sub committees and real progress had been made in implementing the SSCB Ofsted Improvement Plan. There has been good engagement of partners particularly, from the health economy and police but overall progress is slow, lacking focus and negatively impacted on by process and a number of plans that appear unconnected. In

addition, the SSCB is not clearly articulating the safeguarding risks to children across the City nor showing the leadership as a partnership in addressing these

- 1.18** The Board did not make any specific challenges to other strategic bodies in Sunderland and this is another area for clear improvement going forward into 2016 – 2017 therefore the SSCB is making a number of challenges to key Strategic Bodies in Sunderland to improve safeguarding arrangements in Sunderland. The SSCB Annual Report 2016 – 2017 will reflect on how effectively these challenges have been addressed.
- 1.19** 2015 – 2016 started with insufficient focus on effectiveness, and arrangements were still not adequate in terms of ensuring the children of the city were safeguarded adequately. By the end of 2015 – 2016 there were indicators that the system was beginning to stabilise, key decisions about the shape of services made, and some signs on improved inter-agency relationships, and the Board could demonstrate some good work that was having an impact on the effectiveness of arrangements. A review of the information and intelligence considered by the SSCB throughout 2015 - 2016 and analysed through the annual review process suggests that overall the direction of travel is appropriate, and progress is being made to realise partnership objectives and that change is being managed carefully and safely.
- 1.20** The Diagnostic Review and the Independent Paper Review both found a lot had been done and plans had been completed but a focus on process, divert attention from the more fundamental changes required in culture, partnership engagement and commitment, understanding and impact on practice. The emerging challenges for the Board for 2016 – 2017 have derived from a number of sources including a review of the progress of the Business Plan, Ofsted Improvement Plan and the learning from SCRs. The Board needs to better understand its population and the children and young people it serves and this can be achieved through a robust evidence based understanding of, the safeguarding needs of children and young people in Sunderland, the impact of current future austerity measures on the children's and adults workforce and the impact of its work on improving outcomes for children and young people.
- 1.21** A review of the information and intelligence considered by the SSCB throughout 2015 – 2016 and analysed through the annual review process suggests that overall the direction of travel is appropriate, and progress is being made to realise partnership objectives and that change is being managed carefully and safely. Partners need to work together more effectively and provide appropriate challenge and support across the workforce. However, the partnership needs to more effectively drive the pace of change and improvement into 2016 – 2017 and to start to robustly measure the difference its work is making to improve outcomes for children and young people.

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3.0 The SSCB, its Statutory Responsibilities and the purpose of the Annual Report

3.1 Sunderland Safeguarding Children Board (SSCB) is a statutory body established under Section 13 of the Children Act 2004¹. As required by statute, it is independently chaired and consists of the Chief Executive, or equivalent, representatives of the key partner agencies working together to safeguard children and young people in Sunderland. The Board's membership for 2015-2016 is set out in **Appendix 2**.

3.2 The LSCB statutory objectives as outlined in Section 14 of the Children Act 2004 are:

- To coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
- To ensure the effectiveness of what is done by each such person or body for those purposes

3.3 The Board has met on a quarterly basis since April 2015 following a full review of the SSCB governance arrangements in 2014. The new structure developed from the review placed the most senior officer in organisations as the Board representative with the purpose of strengthening accountability for the safeguarding system and to improve outcomes for children in Sunderland. The review also set out a structure with an Executive Group sitting between the Board and the subcommittees. The SSCB Executive Group meets in the months when there is no Board meeting. The Board has a number of sub-committees and working groups, each with its own work plan, focussed on key elements of the Board's work (see **Appendix 3**). The attendance records for the Board and the sub-committees are attached at **Appendix 17**. The SSCB Business Manager has a small Business Unit working to support the different elements of the Board's work.

3.4 Statutory guidance underpinning the work to safeguard children and young people is published by the Department for Education (DfE) through 'Working Together 2015'², a guide to inter-agency working to safeguard and promote the welfare of children.

3.5 Section 14A of the Children Act 2004 requires that each Local Safeguarding Children Board (LSCB) produce and publish an annual report evaluating the effectiveness of child safeguarding and promoting the welfare of children in the local area. The report is published by placing it on the SSCB website at www.sunderlandscb.com. The report is also required to be submitted to the Chief Executive and Leader of Sunderland Local Authority, reflecting that overall accountability for the safety and welfare of children and young people must be led by them. It is also sent to the local Police and Crime Commissioner (PCC). The annual report should also be shared with the Chair of the Health and Wellbeing Board (HWBB) for the HWBB to consider the report in completing the Joint Strategic Needs Assessment for the local area. The LSCB should hold the HWBB to account for their delivery of good safeguarding children practice across the area.

¹ <http://www.legislation.gov.uk/ukpga/2004/31/contents>

² <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

3.6 Working Together 2015 requires that the LSCB annual report 'provide a rigorous and transparent assessment of the performance and effectiveness of local services', and should also:

- Identify areas of weakness, the causes of, and the action being taken to address those weaknesses as well as other proposals for action
- Recognise achievements and progress made as well as identifying challenges
- Demonstrate the extent to which the functions of the LSCB are being effectively discharged
- Include an account of progress made in implementing actions from Serious Case Reviews (SCRs)

3.7 The Ofsted inspection of the SSCB in 2015 found that the Board was failing to exercise sufficient scrutiny of services for safeguarding children and young people in Sunderland. In addition, it had not done enough to evaluate how effectively agencies were keeping children safe or holding partners to account for their practice. It had not provided sufficient leadership. Coordination of key priorities such as CSE, children who go missing etc was not adequate and there had been no multi-agency practice audit undertaken for over a year. Consequently the Board had not monitored the effectiveness of local arrangements to safeguard children as required under statutory guidance. The Board was given 7 recommendations as set out below:

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4.0 SSCB Vision, Values and Principles

4.1 Our Vision

“Every child and young person in Sunderland feels safe and is safe”

In order to do this the SSCB will work together and make keeping children and young people safe everyone's business.

4.2 Our Values

SSCB Values are:

- ***To be individually and collectively committed to putting children's interests first***
- ***Seek the views of Children and Young People, families and carers in all aspects of our work***
- ***Respect everyone's contribution to keeping children safe***
- ***Operate openly and honestly in the public interest and sharing responsibility***
- ***Challenge and support all involved to improve outcomes for Children and Young People***
- ***Accept accountability for SSCB decisions and actions***

4.3 Our Principles

The SSCB Principles are:

- ***To continue to develop a shared understanding across agencies of the concept of safeguarding to provide a clear focus of work with the most vulnerable children and their families***
- ***To ensure that systems are in place to support effective multi-agency working in individual cases***
- ***To ensure that systems that are developed across agencies for information sharing and early identification of children who will require additional support to achieve good outcomes, are able to identify children who are at risk and/or neglected***
- ***To continually improve the delivery and quality of services particularly for those children who are the most vulnerable***
- ***To continue to monitor and evaluate the effectiveness of multi-agency working particularly in relation to the protection of children from harm***
- ***To ensure that children, young people and their carers are heard and have opportunities to contribute to shaping service design and delivery***

4.4 The SSCB Vision is translated into action through the SSCB Business Plan which is reviewed and updated on an annual basis. The SSCB Business Plan (2014-2018) has three high level priorities with each having a dedicated lead for driving the work forward. Each high level priority has 3 objectives that the Board aims to achieve through implementing the Business Plan

4.5 ***Priority 1: Neglect*** – Lead, Head of Safeguarding, Children's Services

- SSCB will understand the prevalence and causation of neglect impacting upon children and young people within Sunderland

- SSCB will understand and seek assurance that the multi-agency arrangements in place to support children who are living in neglectful circumstances are robust
- SSCB will reduce the impact of neglect on children in Sunderland

4.6 *Priority 2: Toxic Trio* – Lead, Head of Safeguarding, Sunderland Clinical Commissioning Group

- SSCB will understand the prevalence and causation of the Toxic Trio impacting upon children and young people within Sunderland
- SSCB will understand and seek assurance that the multi-agency arrangements in place to support children who are living with the toxic trio are robust
- SSCB will reduce the impact of the Toxic Trio on children in Sunderland

4.7 *Priority 3: Risk Taking Behaviour* – Lead, DCI, Northumbria Police

- SSCB will understand the prevalence and causation of risk taking behaviour by children and young people within Sunderland
- SSCB will understand and seek assurance that the multi-agency arrangements in place to support children who are engaging in risk taking behaviour are robust
- SSCB will reduce the impact of risk taking behaviour on children in Sunderland

4.8 The Business Plan 2014-2018 sets out these objectives and the tasks within the three high level priorities, identifying the sub-committees that have responsibility for leading on the actions and setting out the timescales for completion. The Business Plan is reviewed at each Executive Group meeting and Board. See Appendix 4 for the completed Plan for 2015-2016.

5.0 The National Safeguarding Context National Guidance

5.1 [Working Together 2015](#) was issued in March 2015 and included revisions for LSCBs in relation to:

- The referral of allegations against those who work with children and young people
- The notification by the Local Authority to Ofsted and the local LSCB of incidents involving the care of a child/young person
- The definition of 'serious harm' for the purposes of notification and consideration of when to undertake a Serious Case Review (SCR)
- Revised wording on what constitutes a modifiable death in relation to the Child Death Review Process
- The expectation that LSCBs will use the local Joint Strategic Needs Assessment (JSNA) of the needs of vulnerable children and young people to understand the prevalence of abuse and neglect and inform the shaping of service provision in their local area

The SSCB Safeguarding Children procedures have been amended to include these changes.

5.2 [Keeping Children Safe in Education](#)

This is statutory guidance from the Department for Education that contains information on what schools and colleges should do and sets out the legal duties with which schools and colleges must comply in order to keep children safe. All schools and colleges must have regard to it when carrying out their duties to safeguard and promote the welfare of children meaning that they should comply with it unless exceptional circumstances arise. A consultation on proposed changes to the guidance was undertaken in early 2016.

5.3 [Children missing education \(CME\)](#)

The Department for Education (DfE) undertook a consultation on this guidance between January 2016 and March 2016 following concerns raised by Ofsted after they had completed targeted inspections which found a significant number of children had left schools without a known destination or without authorities being informed. This raised serious safeguarding concerns with children potentially exposed to the risk of harm, exploitation or radicalisation.

5.4 This statutory guidance sets out key principles to enable local authorities in England to implement their legal duty under Section 436A of the Education Act 1996³ to make arrangements to identify, as far as it is possible to do so, children missing education (CME).

Local authorities should be able to demonstrate that they have considered this statutory guidance and where it is not followed; there should be reasonable grounds for not doing so.

5.5 [Child Sexual Exploitation \(CSE\)](#)

5.6 [Working Together 2013](#) required LSCBs to establish a strategic CSE sub-group and to take the leadership role in co-ordinating multi-agency responses to CSE in their

³ [Duty regarding children missing education](#)

local area.

5.7 In 2014, the [Jay Report](#) estimated that 1,400 children and young people had been sexually exploited over a 16 year period in Rotherham and identified serious failings in the way the Local Authority and Police had responded at both strategic and operational levels. Later that year, the Secretary of State appointed Louise Casey to carry out an inspection of the compliance of Rotherham Metropolitan Borough Council in relation to the Council's exercise of its functions on governance, children and young people, and taxi and private hire licensing. The findings were published in the [Casey Report 2015](#) as outlined below:

- A council in denial about serious and on-going safeguarding failures
- An archaic culture of sexism, bullying and discomfort around race
- Failure to address past weaknesses, in particular in Children's Social Care
- Weak and ineffective arrangements for taxi licensing which leave the public at risk
- Ineffective leadership and management, including political leadership
- No shared vision, a partial management team and ineffective liaisons with partners
- A culture of covering up uncomfortable truths, silencing whistle-blowers and paying off staff rather than dealing with difficult issues

5.8 Working Together 2015 established the requirement of LSCBs to undertake regular assessments of partners' responses to CSE and include this in their annual report.

5.9 Responses to [Female Genital Mutilation \(FGM\)](#)

FGM is illegal in England and Wales under the [FGM Act 2003](#). From October 2015 a mandatory reporting duty⁴ was implemented by the government which requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under 18s, identified through their professional work, to the police. The duty is a personal one and professionals are individually responsible for reporting.

5.10 An Introduction to FGM, Forced Marriage, Spirit Possession and Honour-based Violence FGM SSCB and Safeguarding Adult Board joint procedure was updated in June 2015.

5.11 Modern Slavery

The Modern Slavery Act⁵ received Royal Assent in March 2015 and became law from March 2016. It is based on the Modern Slavery Strategy⁶ (MSS) which was published in November 2014.

5.12 Modern Slavery is described in the strategy as including slavery, servitude, forced and compulsory labour and human trafficking. Traffickers and slave drivers coerce, deceive and force individuals against their will into a life of abuse, servitude and inhumane treatment. Victims may be sexually exploited, forced to work for little or no pay or forced to commit criminal acts against their will.' In addition, 'Human beings who are treated as a commodity and this can include sham marriages; identity fraud; false benefits claims; rape; false imprisonment; violence; and a range of other crimes. It is difficult to

⁴ [/mandatory-reporting-of-FGM](#)

⁵ [Modern Slavery Act](#)

⁶ [Modern Slavery Strategy](#)

accurately record the number of people affected in the United Kingdom but the MSS estimates that it affects between 10,000 and 13,000 people with a 40% increase of people identified in 2015. Whilst this trend increases year on year it is not believed to be an accurate count of the number of people affected and more importantly for the SSCB approximately 20% of the people referred for sexual or labour exploitation were children. Section 48 of the Act introduced Child Trafficking Advocates to represent and support children where there is a belief that they may be trafficking victims.

5.13 Response to PREVENT

CONTEST is the UK's Counter-Terrorism Strategy. The Prevent strategy published by the Government in 2011, as part of the counter-terrorism strategy aims to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism and it has 3 strategic objectives:

Respond to the ideological challenge of terrorism

Prevent people from being drawn into terrorism

Work with sectors and institutions where there are risks of radicalisation.

5.14 In July 2015 the government introduced the Prevent duty⁷ under Section 29 of the Counter-Terrorism Security Act 2015. The duty applies to specified authorities including local authorities, health trusts, and education, requiring them, in the exercise of their functions, to have 'due regard to the need to prevent people from being drawn into terrorism'. 'Due regard' means that the duty is risk based and authorities who have the duty should place an appropriate amount of weight on the need to prevent people being drawn into terrorism when they consider all the other factors relevant to how it carries out its usual functions.

In complying with the duty all specified authorities should demonstrate an awareness and understanding of the risk of radicalisation in their area, institution or body.

5.15 Safeguarding is woven throughout the statutory guidance, with the focus primarily being on working in partnership and strengthening capabilities. The SSCB will be undertaking an audit of partner arrangements in respect of Prevent in the Section 11 Audit 2016-2017.

5.16 Joint Targeted Area Inspections of services for vulnerable children and young people (JTAI)

Joint Targeted Area Inspections of services for vulnerable children and young people⁸ were launched in 2016 and are undertaken through the inspectorates of Ofsted, Care Quality Commission (CQC), Her Majesty's Inspectorate of Constabulary (HMIC) and Her Majesty's Inspectorate of Probation (HMIP). All 4 inspectorates will work together to jointly assess how local authorities, the police, health, probation and youth offending services work together in an area to identify, support and protect vulnerable children and young people.

5.17 The new short inspections will allow inspectorates to be more responsive, targeting specific areas of interest and concern. They will also identify areas for improvement and highlight good practice from which others can learn. The new approach was consulted on in July 2015 and successfully piloted in December 2015.

5.18 Each inspection will include a 'deep dive' element, with the first set, to be completed by

⁷ [Prevent-duty-guidance](#)

⁸ [JTAI](#)

summer 2016, focusing on children at risk of sexual exploitation and those missing from home, school or care.

Inspectors will evaluate children's experiences against the full range of the criteria, looking for strengths, areas for development and examples of innovative and effective practice.

5.19 National Review of LSCBs

The Secretary of State for Education, Nicky Morgan, and the Minister of State for Children and Families, Edward Timpson MP, commissioned Alan Wood to lead a fundamental review of the role and functions of Local Safeguarding Children Boards (LSCBs) within the context of local strategic multi-agency working. This was to include the child death review process, and consideration of how the intended centralisation of serious case reviews (SCRs) would work at a local level.

5.20 The review began in January 2016 and the Wood Report - Review of the role and functions of Local Safeguarding Children Boards⁹ was published in March 2016. Wood made 34 recommendations including replacing the existing statutory arrangements for LSCBs and a proposal to introduce a new statutory framework for multi-agency arrangements for child protection, requiring all areas to move towards new multi-agency arrangements for protecting children within a prescribed period and the existing legislative framework underpinning LSCBs should cease to operate as new arrangements come into being. Importantly, Wood also recommended that the three key agencies, namely health, police and local authorities, are required in an area they determine, to design multi-agency arrangements for protecting children. The Government will respond to the report findings and recommendations in due course. This will mean that the landscape will adapt over the next few years. This is a time of considerable change but LSCBs are required to continue under the current framework until the new changes come into force. The SSCB will respond to any changes to the functioning of LSCBs as required.

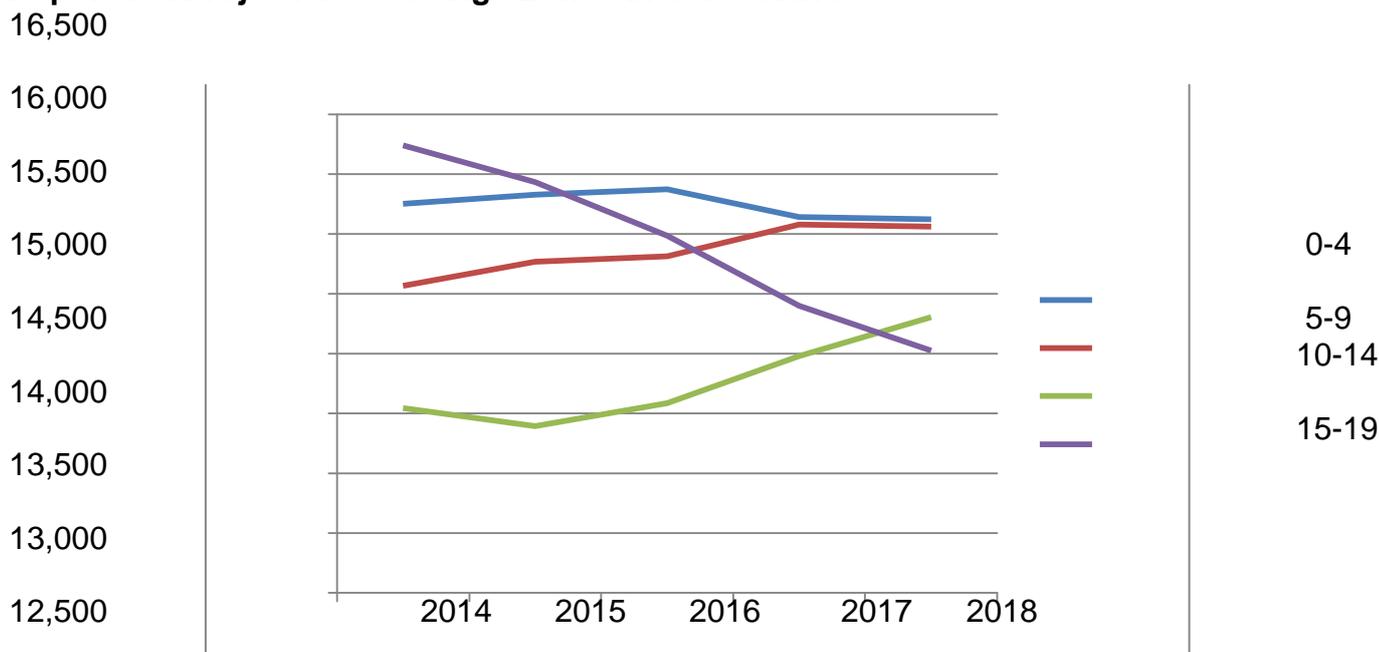
⁹ [Wood Report 2016](#)

6.0 The Local Safeguarding Context

6.1 The City of Sunderland

Sunderland is a large city in the North-East of England with a population of approximately 281,000 people. Over the next 10 years this is expected to rise by at least 2,179 (0.8%). Approximately 54,500 children and young people under the age of 18 years live in Sunderland. This is 19% of the total population in the area. The child population is also expected to rise in the 10 – 14 year age group, remain stable in the 0 – 4 years and 5 – 9 years age groups and reduce in the 15 – 19 year age group as seen in the graph below.

Population Projection 0 – 19 Age Bands in Sunderland



6.2 Sunderland is the 41st most deprived Local Authority area in England and 26% of children and young people in Sunderland are defined as living in poverty¹⁰ with the level of child poverty in Sunderland being worse than the England average.

6.3 In Sunderland the proportion of children entitled to free school meals:¹¹

- In primary schools is 21% (the national average is 17%)
- In secondary schools is 21% (the national average is 15%)

6.4 Approximately 13,000 of Sunderland's children and young people will need additional support from targeted and specialist children's services during their childhoods.

6.5 Children and young people from minority ethnic groups account for 6% of all children living in the area, compared with 22% in the country as a whole.¹² The largest minority ethnic groups of children and young people in the area are Asian/Asian British and Mixed.¹³ The proportion of children and young people with English as an additional language¹⁴, in primary schools is 5% (the national average is 19%) and in secondary

¹⁰ A child is defined as being in poverty when living in a household with an income below 60% of the UK's average.

¹¹ Source: DfE Schools, pupils and their characteristics

¹² Source: ONS 2011 census

¹³ Source: ONS 2011 census

schools is 4% (the national average is 14%)

6.6 In the Academic year 2015-2016 there were 41,353 pupils in Sunderland on schools rolls. Sunderland has 9 nursery schools, 83 primary schools of which 19 are Academies and 1 is a Free School. There are 18 secondary schools of which 12 are Academies and 1 is a Free School. In addition there are 7 schools for pupils with special educational needs of which 5 are Academies. There are also Pupil Referral Units at Nursery/Key Stage 1 Behaviour Team (ages 4-7yrs), Key Stage 2 and 3 (ages 7-14yrs, and at Key Stage 4 (ages 11-16yrs). Sunderland also has 2 Private Schools.

6.7 Sunderland is characterised by low movement of people as families and communities are relatively stable and as such there are opportunities to harness the involvement of the wider family, including older people, to provide support and promote healthier choices and healthy lifestyles.

6.8 The Children and Young People's Plan (CYPP)

The CYPP was the joint, strategic, overarching plan for all partners within the Sunderland Children's Trust and the services they provide for children and young people. It described how partners work together to improve outcomes for our children and young people, setting out the long term vision for improving their health and wellbeing. This plan was intended to establish the strategic priorities for the Children's Trust and support the development of integrated and effective services to secure the best possible outcomes for children and young people.

6.9 The Strategic Objectives of the Plan were:

- Improving the overall Health and Wellbeing of children, young people and families
- Reducing the number of families with children living in poverty in the city
- Improving educational outcomes and strengthening whole family learning
- Improving safeguarding outcomes for children, young people and families

6.10 One of the main aims of the Children's Trust Board, as was set out in the 15 year strategy, was that children and young people "feel, and are, safe and secure at home, at school and in their community." This links with the SSCB Vision that "Every Child and Young Person in Sunderland feels safe and is safe."

6.11 During the year there was no multi-agency strategic body in place in Sunderland to replace the Children's Trust which has resulted in a lack of progress with the CYPP. The Children's Strategic Partnership has now (2016) been established to replace the Children's Trust and the CYPP is subject to a full review with the draft expected to be available in Spring 2017. The CYPP will be scrutinised and the impact of it on the lives of children and young people in Sunderland will be measured as part of the assurance activity of the SSCB in 2016 – 2017 and the following year.

6.12 Issues and Developments for Partner Agencies

Nationally the Public Sector continues to face the challenges of austerity measures and cuts to services at the same time that there is increasing demand for these services. The impact of these efficiencies and the impact of continuing austerity measures are identified as a risk in the SSCB Risk and Assurance Plan.

¹⁴ Source: DfE Schools, pupils and their characteristics

6.13 Partner agencies have identified challenges for the safeguarding system and how they intend to address these challenges. These challenges include:

- Continued budget pressures requiring further efficiencies to be made which is likely to involve further restructuring of services
- An unprecedented number of serious case reviews in progress
- Continual changes in external partnership arrangements
- The need to improve mental health and mental wellness
- To raise the expectation of being healthy for all and promote health-seeking behaviours

6.14 Good multi-agency working is essential to effectively respond to the needs of vulnerable children and young people and in improving outcomes for them. Shared areas of development and progress in 2015 - 2016 include:

- Development and implementation of a Sunderland Early Help Strategy and refreshed Threshold Guidance
- Implementation of the new SSCB Performance and Quality Assurance Framework
- Implementing the SSCB Audit Cycle to provide the SSCB with a clear understanding of the quality of multi-agency practice
- Progressing a number of SCRs during the year

6.15 Sunderland Local Authority Children's Social Care

The inspection of services for children in need of help and protection, children looked after and care leavers in Sunderland started in May 2015 and the overall grading for the service was inadequate. As a consequence of the inspection a Children's Commissioner was appointed to Sunderland and a statutory Improvement Board was established which is chaired by the Children's Commissioner. The SSCB Chair and members of the SSCB are part of the Improvement Board. In addition, an Improvement Plan was established to address the key findings of the inspection. The Plan is overseen by the Improvement Board and regular reports on progress are presented to the SSCB.

6.16 The direction from the Department for Education (DfE) required social care services to come out of council control. The Council is working with the Children's Commissioner and the Department for Education (DfE) to contract Children's Services functions to a new company which will be the first of its kind offering the opportunity to deliver innovative children's services. The company will be in shadow form from September 2016 and will "go live" from April 2017.

6.17 The SSCB will have a clear role in holding the company to account for the effectiveness of its safeguarding services and how effectively it contributes to the safeguarding system as a whole.

6.18 Clinical Commissioning Groups

There is 1 Clinical Commissioning Group (CCG) in Sunderland made up of 51 member practices. NHS Sunderland Clinical Commissioning Group (the CCG) is the statutory health body responsible for the planning and buying of NHS services to meet the needs of the local community. The 51 GP practices in Sunderland are organised into 5 localities, namely Coalfields, Sunderland North, Sunderland East, Sunderland West and Washington.

- 6.19** The CCG Annual Safeguarding Report 2015-2016 identifies the following issues for 2016 – 2017:
- New statutory arrangements agreed for safeguarding children following the national review by Alan Wood
 - The delivery of an alternative delivery model for children’s services.
 - A considerable amount of learning and improvement activity during 2015/16
- 6.20** [South Tyneside and Sunderland Health Care Group](#)
CHS and South Tyneside NHS Foundation Trust have formed a strategic alliance to work together to protect the future sustainability of hospital and community health services across Sunderland and South Tyneside. This alliance is called the South Tyneside and Sunderland Healthcare Group.
- 6.21** [City Hospitals Sunderland NHS Foundation Trust \(CHS\)](#) consists of Sunderland Royal Hospital and Sunderland Eye Infirmary. Sunderland Royal Hospital provides medical, surgical, critical care, maternity, accident and emergency (A&E), outpatient services and children’s and young people’s services for people across the Tyne and Wear and Durham area. The hospital serves a population of around 350,000 and has 855 beds across 2 hospitals and employs around 4,923 staff.
- 6.22** [South Tyneside NHS Foundation Trust](#) provides a variety of hospital services in South Tyneside and community services in Gateshead, South Tyneside and Sunderland. This includes school nursing service, sexual health, children’s community nursing teams and Community Child and Adolescent Mental Health Service (CAMHS).
- 6.23** Through the strategic alliance CHS will focus on leading and providing emergency surgical and complex acute services covering South of Tyne and South Tyneside NHS Foundation Trust will move away from complex acute care and lead on out-of-hospital services including rehabilitation, diagnostics and screening services with South Tyneside District Hospital continuing to provide a broad range of emergency and planned hospital services. The Trust will also be the lead provider of community services working closely with respective local authorities and primary care. These changes are planned to lead to greater integrated services which is essential to deliver improved healthcare to the communities they serve.
- 6.24** [Northumberland, Tyne and Wear NHS Foundation Trust \(NTW\)](#)
NTW provides a wide range of mental health, learning disability and neurorehabilitation services to a population of 1.4 million people in the North East of England. It operates from over 60 sites and provides a range of comprehensive services including some regional and national services.
- 6.25** During 2015-16 the Trust successfully tendered for a number of new services and service improvements, including:
- The implementation of evidenced based IAPT¹⁵ interventions in Children and Young People’s services in Northumberland and North Tyneside in partnership with Northumbria Healthcare NHS Foundation Trust
 - Sunderland Integrated Substance Misuse and Harm Reduction Service in partnership with DISC and Changing Lives, to commence on the 1st July 2016

¹⁵ Improving access to Psychological Therapies Service is a national initiative

- Inclusion on a framework to provide mental health inpatient services to Sussex Clinical Commissioning Groups (CCGs) out of area placements
- Inclusion on a framework to provide Cognitive Behavioural Therapy for Psychosis training for Early Intervention in Psychosis

6.26 Northumbria Police

Northumbria Police serves a population of 1.5 million people, covering an area of more than 2,000 square miles in the North East of England. It is one of the largest forces in the country having approximately 3,253 police officers, 1,430 police staff and 183 Police Community Support Officers (PCSOs), who work together to prevent, detect and reduce crime in the Northumbria area. (1st July 2016). Northumbria Police covers 6 Local Authorities and has 3 area commands, Northern Area, Central Area and the Southern area of which Sunderland is part. The Police and Crime Plan (2013-2018) has 5 objectives:

- Putting victims first
- Dealing with anti-social behaviour
- Domestic and sexual abuse
- Cutting crime
- Making people feel safe

6.27 Police and Crime Commissioner for Northumbria

Schemes to safeguard victims and tackle perpetrators of domestic abuse have been developed after funding was secured by Northumbria Police and Crime Commissioner.

6.28 The PCC made 2 successful bids to the Police Innovation Fund which supported the development of 2 multi-agency programmes to address domestic abuse, namely, the Multi-Agency Tasking and Co-ordinating (MATAC) Process and BIG Domestic Abuse Perpetrator Project which are both reported on later in this report

6.29 Gentoo – Social Housing Provider

Gentoo is a social housing provider in Sunderland and is represented on the SSCB and a number of sub committees. The Gentoo Group's Community Safety Strategy has the ultimate aim to ensure that "everyone within our communities feels safe and secure".

6.30 The Community Safety and Safeguarding Service include the following elements of service delivery:

- Tenancy enforcement
- Early intervention
- Victim Support – providing support for victims of ASB, domestic violence etc.
- Positive Engagement (support for perpetrators) - to tackle the causes of antisocial behaviour, for example, substance misuse (including alcohol)

6.31 Gentoo made 220 referrals to Children's Social Care in 2015-2016 which was an increase of 15% on the previous year. Of these referrals 51% of referrals were categorised by Gentoo as due to emotional abuse, 40% for neglect, 5% sexual abuse and 3% for physical abuse.

6.32 Gentoo Business Assurance Services conducted a review of the child safeguarding arrangements in the service with the purpose of providing assurance that the internal controls governing child safeguarding function effectively. This review concluded that the controls were basically sound and identified some areas for development to ensure

that workers are able

6.33 Children and Family Court Advisory and Support Service (Cafcass)

Cafcass is a non-departmental public body in England set up to promote the welfare of children and families involved in family court proceedings. The agency is independent of the courts, social services, education, health authorities and all similar agencies. Cafcass represents children in family court cases. A national inspection of Cafcass was undertaken in 2014 with the overall judgement of the service being rated as good.

6.34 Cafcass published its third Cafcass Quality Account setting out how it has driven up casework quality and shared best practice with the sector during 2015-16.

6.35 Through innovative practice, Cafcass have:

- Continued to improve the quality of practice, building on the Good with Outstanding Leadership rating of the 2014 Ofsted inspection
- Learnt more about the impact of their work for children by assessing the quality of case practice against 4 child-focused outcomes (the extent to which the child is safe, heard, better represented and enabled) introduced through the refreshed Quality Assurance and Impact Framework, and used this insight to drive improvements
- Equipped practitioners with the tools and knowledge to strengthen practice and improve analytical reporting, including embedding Evidence Informed Practice Tools and disseminating learning driven by focused strategies for areas such as child exploitation and equality and diversity, and which caters to what Cafcass practitioners report they need
- Supported practitioners to enhance their expertise and improve the quality of recommendations and management of risk through pilots, such as the Clinical Psychologist pilot which provided access to 1:1 consultations with accredited Clinical Psychologists. This is now an embedded service
- Continued to support improved services in the wider family justice sector and help shape future sector reform through close working with the Ministry of Justice, DfE, sector agencies, membership of formal boards such as the Family Justice Board and contribution to government consultations

6.36 Cafcass is committed to building on this progress and over the coming year will continue to:

- Draw on findings around the contribution the service makes to outcomes for children
- Embed the new outcomes-focused Quality Assurance Impact Framework

6.37 Health and Wellbeing

Health and Wellbeing Boards (HWBB) have responsibility to develop and monitor a Health and Wellbeing Strategy (HWBS). In Sunderland, the HWB strategy focusses on the city's health and social care system and how the system operates, as opposed to what it should be doing. Progress is being achieved through the adoption of an assets based approach and the embedding of design principles into ways of working, namely:

- Strengthening community assets
- Prevention
- Early Intervention
- Equity

- Promoting independence and self-care
- Joint Working
- Address the factors that have a wider impact on health e.g. education, housing

6.38 The HWBB has a statutory responsibility for producing a strategic level assessment of the health wellbeing needs of the population (the Joint Strategic Needs Assessment – JSNA) and a high level health and wellbeing strategy. In Sunderland, the JSNA is separated into a number of profiles which include both adults and children's safeguarding- ref

6.39 The Children's Safeguarding Joint Strategic Needs Assessment was updated in 2015 and endorsed by the Quality Assurance subcommittee and Executive Group following minor amendments being requested by the SSCB. The Headlines from the JSNA refresh were:

- Reducing 0 – 19 population
- 25.7% of children living in poverty
- 9 serious case reviews commenced during the period 2012 – 2014
- High levels of social and economic deprivation
- Increasing CiN, CP and LAC numbers compared with statistical neighbours and England
- 41st most deprived LA area
- 17 child deaths in 13/14
- High levels of teenage pregnancy
- Increasing referrals to:
 - MSET (missing, sexually exploited and trafficked)
 - Early Help
 - Social Care

6.40 Since the previous JSNA there had been 2 significant changes:

- Restructuring and service transformation - Children's Services had become part of the People's Services directorate with 1 Director of the service and is subsequently moving out to the New Trust
- Implementation of a Multi-Agency Safeguarding Hub (MASH) – This is a multi-agency arrangement with the co-location of Police, Social Workers and Health professionals at the first point of contact for new safeguarding concerns and was established in December 2013

6.41 Voluntary, Community and Faith Organisations

The SSCB engages with Voluntary, Community and Faith organisations in the City to safeguard children. In 2015-2016 the SSCB worked with the following organisations:

6.42 National Society for the Prevention of Child Cruelty (NSPCC) - The SSCB worked with the NSPCC to launch the PANTS campaign¹⁶ in April 2016. The purpose of the campaign is to prevent sexual abuse of children. There are a number of materials to support families in using the PANTS model with their child and the impact of this launch will be evaluated and the difference it has made to children and young people across the City will be measured in 2016-2017.

¹⁶ <https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/underwear-rule/>

- 6.43 Turning Point** - Turning Point is a social enterprise¹⁷ providing specialised and integrated services focussing on lives and communities across mental health, learning disability, substance misuse, primary care, criminal justice system and employment. Turning Point is represented on the SSCB as a substance misuse provider in Sunderland. Turning Point completed a Section 11 Audit in 2015-2016 and identified areas of development including strengthening staff awareness around the role of the LADO and to identify a designated lead for E safety.
- 6.44 The Children's Society** – The Children's Society were commissioned by Sunderland Council to provide a service to undertake return home interviews for children who go missing. The charity was also represented on the MSET Sub-Committee and MSET Operational Group in 2015-2016. In addition they also provided some targeted youth work for young people in Sunderland which was financed through other funding streams.
- 6.45 Education Establishments**
As part of the LSCB review in 2015 the SSCB needed to ensure effective engagement with schools from April 2015. The Head of Educational Attainment and Lifelong Learning was commissioned by the Board to engage with schools to identify the best way to improve engagement. From the consultation undertaken it was clear that schools understand that they have an extremely valuable role to play in multi-agency working, in addition to their statutory responsibilities.
- 6.46** The proposal that the schools requested was to have a private Safeguarding Company to represent them on the SSCB Executive Group. All but 4 schools employ the company for their 'safeguarding needs'. Discussion with SSCB Members concluded that it would be a huge loss to the SSCB to not have the richness of the representation and contribution from head teachers/teachers. It was therefore agreed that representation from primary and secondary schools would be achieved through direct membership of the SSCB Executive Group.

¹⁷ <http://www.turning-point.co.uk/>

7.0 Effectiveness of Safeguarding Arrangements for Children and Young People in Sunderland

A wide variety of resources are used to evaluate how effective safeguarding arrangements are and a structure of this section is set out as below:

Engagement with and involvement of children and young people:

- The views and experience of children and young people
- Listening to children and young people when working with them

Monitoring and Reviewing:

- Inspections and Reviews
- The incidence of the deaths of children and young people
- Lessons from Serious Case Reviews and Local Learning Lessons Reviews
- Allegations against professionals
- Private Fostering provision

Performance Management and Quality Assurance of safeguarding services:

- Partner compliance with required safeguarding arrangements
- The Child's journey through the safeguarding system and outcomes for priority vulnerable groups
- Quality Assurance and Audit

Summary and Whole System Analysis

7.1 SSCB engagement with children and young people

The SSCB had limited direct contact with children and young people during 2015-2016. The SSCB Development and Training Officer is the dedicated participation and engagement lead for the SSCB and attends the participation and engagement champion meetings held by the council.

7.2 It has however engaged with the Children's Trust Advisory Network (CTAN) through the participation and engagement lead for children and young people in the council to look at how the SSCB can better engage with children and young people. The Board made an offer to young people as part of National Takeover day but this was not taken up.

7.3 The SSCB delivered a joint CSE conference in October 2015 in conjunction with the PCC and South Tyneside and Gateshead LSCBs. This conference had presentations from young people through the Police cadets and from young people who had been victims of CSE. This gave a unique perspective to the conference through educating professionals about how to engage more effectively with those at risk/being sexually exploited.

7.4 Partner Engagement with Children and Young People

7.5 Youth Offending Service

- Routinely completes Viewpoint questionnaires which are then summarised by HMI Probation.
- Prior to the [Short Quality Screening \(SQS\) Inspection](#) in February/March 2016, 32 young people completed questionnaires and the vast majority of the responses were positive about YOS staff in terms of whether their sentence was explained, if they received help, if they had been treated fairly etc. The findings

of the SQS Inspection stated: ‘Case managers knew their children and young people and their parents/carers well. They demonstrated tenacity and persistence to engage them and ‘stay in there’ and work through any resistance’

- Led work across the council which included young people completing a survey to the Lord Laming /Prison Reform Trust review in September 2015
- Looked after young people who reside in Children’s Homes completed a survey in line with “Keeping children in care out of trouble: an independent review” which was taken to the Change Council for input.

7.6 The Child Protection Conference Service:

All children in Sunderland have access to the National Youth Advocacy Service (NYAS)¹⁸. The Council has contracted NYAS to provide an independent advocacy service for children and young people. NYAS is a UK charity providing socio-legal services offering information, advice, advocacy and legal representation to children, young people and vulnerable adults through a network of dedicated paid workers and volunteers throughout England and Wales. For the contract year of August 2015 to July 2016 there were 31 referrals to NYAS for 28 young people

7.7 The Independent Reviewing service:

- To aid and support the engagement of children and young people in their looked after reviewing process, Looked after children have access to ‘viewpoint’ which is used to gather young people’s views and feelings about being in care. The table below sets out the number of children and their age breakdown who used viewpoint in 2015-2016

Viewpoint Consultations: April 2015– March 2016

Age Group	Individual Children	*Completed Questionnaires
4-6 years old	26	32
7-9 years old	51	56
10-15 years old	94	110
16+	1	1
totals	172	199

*Some children gave their views twice in the period so in all 199 Viewpoint Questionnaires were completed.

- To improve engagement with children and young people the service developed a consultation toolkit Mind of My Own (‘MOMO¹⁹’) for children and young people who are in the child protection system and looked after, which has received positive feedback. This is currently being updated to provide additional tools for children and young people to make complaints around provision
- To enhance participation with children and young people, all Independent Chairs have been trained in the use of MOMO and Sunderland Children's Social Care has identified MOMO champions

¹⁸ <https://www.nyas.net/>

¹⁹ [MOMO](#)

7.8 NTW Children and Young People's Service (CYPS)

The Children and Young People's Service (CYPS) in NTW has invested in developing opportunities to employ a team of young Participation Apprentices. Working with national charity, Action for Children, the young employees bring innovation and challenge. The team is based in the community, and are developing new ways of working to support children, young people, their families and carers, service staff to jointly shape Mental Health and Learning Disability services. This has extended the service that was already in place between CYPS and Action for Children to provide information on service user views, challenge practice and identify priority themes. Apprenticeship posts now exist for young people aged over 16, are based across both North and South of Tyne services, linked into NTW processes, and work closely with partner agencies to create helpful opportunities for patients to have their say.

7.9 Listening to Children and Young People and how their views are influencing individual practice

Children and young people must be at the centre of everything the Board does, and has to be the foundation of all of the work of the Board. By practising in this way multi-agency safeguarding work will be informed by the views of our children and young people.

7.10 The Independent Reviewing Service is:

Gathering Looked after Children's views via 'viewpoint' which gathers young people's views and feelings relating to their being in care.

7.11 The Youth Offending Service (YOS):

Following the SQS Inspection the YOS were asked if a focus group could interview young people from Sunderland about what they would want a YOS/YOT (Youth Offending Team) to be inspected on in preparation for the new inspection framework which is being planned. Sunderland provided around 6 young people to speak directly to the group and influence national policy.

7.12 In May 2015 the YOS supported 6 families to participate in a focus group of which there were only 4 across the country. This was part of a national consultation commissioned by the NHS, the purpose of which was to hear from young people and their families in contact with the Criminal Justice system what their particular needs and experiences were. The findings from these focus groups have been used to inform the development of Liaison and Diversion services which will be rolled out across the country in 2017.

7.13 Monitoring and Reviewing

Safeguarding children services are subject to independent scrutiny which provides an external measure of the effectiveness of safeguarding services in Sunderland. This section outlines the findings of these external reviews.

7.14 External Inspection and Reviews

7.15 Ofsted Inspection of multi-agency safeguarding arrangements

The inspection of services for children in need of help and protection, children looked after and care leavers and the review of the effectiveness of the local safeguarding children board in Sunderland started in May 2015 and the inspection report was published on 20th July 2015.

- 7.16** The inspection found that the services had significantly deteriorated since the last inspection in 2012 when they were rated as Good. Children’s Services were rated inadequate across all elements of the inspection concluding that there were widespread and serious failures in the services provided to children and their families. Inspectors highlighted that “these failures leave children unsafe and they are not adequately safeguarded and welfare is not promoted”.
- 7.17** The inspectors acknowledged that the council had commissioned two independent reviews in 2014 with both finding poor multi-agency safeguarding children practice which resulted in an independently chaired voluntary improvement board and an improvement plan being established set up to address the findings of the first review. The second review reinforced the findings of the first, but Ofsted found that the improvement plan had made no discernible impact on improving practice or outcomes for children.
- 7.18** The inspection concluded that corporate failure by senior leaders and managers had left children and young people unsafe in Sunderland and scrutiny by elected members lacked rigour or impact. 21 children’s cases were referred back to the local authority for action to be taken to ensure these children were safe. Fundamental shortfalls in frontline practice across children’s services were found which left children in circumstances that were actually or potentially unsafe and 27 priority actions were given to the council to address.
- 7.19** The Council was given an improvement notice, a children’s commissioner was appointed and children’s services were directed to come out of council control. The Council and its partners responded positively to the directions and supported the development of a non-profit company to deliver services on its behalf.
- 7.20** **Sunderland Clinical Commissioning Group (CCG)**
Sunderland CCG has a responsibility, in accordance with the NHS England Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework 2015, to effectively highlight and report safeguarding risks and intelligence. The executive lead for safeguarding and the designated professionals attend and report to the NHS England Cumbria and North East Quality Surveillance Group and the Safeguarding Forum. The designated professionals have recently participated in two benchmarking exercises with NHS England focussed on safeguarding and Looked After Children (LAC) arrangements and a LAC improvement plan had already been implemented from a development session held within the CCG in January 2016.
- 7.21** Some of the key achievements for the CCG in 2015-2016 were:
- Non-recurrent £30K to Provider Foundation Trusts to support implementation of SCR learning
 - Extension of the secondment of the MCA project lead post to enhance developments across the health economy in relation to MCA and DoLS
 - Recruitment to a band 7 safeguarding adults and children nurse post to support the safeguarding agenda
 - Strengthened safeguarding dashboard reporting arrangements from Providers and strengthened contractual responsibilities
 - Ensuring that Health providers comply with new statutory responsibilities in relation to the Prevent Duty (2015) and the FGM Mandatory Reporting Duty (2015)

- Supporting **and** contributing to the effective implementation of strengthened arrangements around emerging safeguarding agendas, for example Sexual Exploitation
- Continued support and work with NHS England to establish agreed roles and responsibilities in relation to Safeguarding and to ensure key risks around safeguarding are shared, reported and effectively managed

7.22 City Hospitals Sunderland (CHS)

Sunderland Royal Hospital and Sunderland Eye Infirmary were inspected by the Care Quality Commission (CQC) in September and October 2014. The final report was published in January 2015. This inspection took place as part of the CQCs comprehensive inspection programme of all NHS Trusts in England.

7.23 Overall CHS was rated as “Good” with individual judgements of good for being effective, caring and well-led, but it requires improvement in providing safe and responsive care. Individually services for maternity and children and young people were rated as “Good” with the areas of safety, effectiveness, caring and responsive, services as good, and in ‘well-led’ they were outstanding for children and young people. Outstanding practice was identified which included:

- Close collaborative working between the directorate of paediatrics and emergency medicine, which had developed a shared medical consultant staffing approach that included consultant staff qualified in paediatric emergency medicine
- The directorate of paediatrics had facilitated the inspection of the service by a team of young people
- The use of telehealth in maternity services. This system enables women to monitor their blood glucose levels and blood pressure in their own homes, avoiding unnecessary visits to hospital

7.24 South Tyneside NHS Foundation Trust (STFT)

South Tyneside NHS Foundation Trust had a system wide visit from the Care Quality Commission in May 2015 which took place across hospital and community services and was published in December 2015.

7.25 The overall rating for the Trust was that it ‘Requires Improvement’ for Safe, Effective, Responsive and Well-led and it was ‘Outstanding’ for Caring. Overall, Community Health services for children, young people and families were rated as ‘good’.

7.26 In relation to Safeguarding the Inspection found:-

In the Community

- Safeguarding supervision was undertaken in line with Trust policies
- Staff were knowledgeable about their responsibilities regarding safeguarding vulnerable people and knew how to manage and report incidents
- The Trust had also successfully implemented evidence based programmes, such as the family nurse partnership programme
- Children, young people and parents reported that they received compassionate care with good emotional support

In Acute services

- Mandatory training including safeguarding, needed review to ensure compliance, especially for consultants

- Staffing in children's In Patient areas needs review
- Consideration should be given to improving facilities for children in the main outpatients area

7.27 Northumberland, Tyne and Wear NHS Foundation Trust

The Trust is registered with the Care Quality Commission and has maintained full registration, with no non-routine conditions, from 1 April 2010. During 2015/16, the CQC undertook a number of registration visits to Trust sites

7.28 In January 2016, the Care Quality Commission undertook a focussed inspection of Stephenson Ward at Ferndene which is a purpose built £27 million inpatient Centre providing inpatient assessment and treatment for young people with complex health, behavioural and emotional needs including those with a learning disability. Whilst it is in Northumberland children and young people from Sunderland can be placed there. Stephenson Ward is an eight bed low secure unit providing comprehensive assessment and treatment for patients aged from 14-18 years with mild to moderate learning disability and a requirement for high levels of supervision in a safe environment. Stephenson Ward at Ferndene has achieved nationally accredited status with the Royal College of Psychiatry Quality Network for In Patient CAMHS. Sunderland young people also access the other 3 wards at Ferndene who are all subject to annual review through the Quality Network for In Patient CAMHS.

A comprehensive inspection of services is due to take place in June 2016.

7.29 Northumbria Police

7.30 Police Effectiveness Efficiency Legitimacy (PEEL) Report

The Peel Report 2015 is HMIC's (Her Majesties Inspection Constabulary) second assessment of the effectiveness, efficiency and legitimacy with which Northumbria Police keeps people safe and reduces crime. PEEL gives information about how the local police force is performing in key areas. The assessment considers vulnerabilities such as missing and absent children, CSE and domestic violence.

7.30 Northumbria Police was rated as good, one of only 12 forces in the country. The HMIC did not identify areas for improvement whilst also noting the following:

- The force has clear and consistently applied processes in place to identify repeat and vulnerable victims
- There is regular and robust supervisory oversight and scrutiny of incidents to ensure an appropriate and timely response
- A significant investment in training staff. This ensure that they have a good level of knowledge and understanding, which was demonstrated during reality testing in HMIC's inspection
- Use of widespread and innovative ways of working to protect and support vulnerable people, often in partnership with other agencies
- Investment in information technology to support improvements to bring about greater efficiencies and effectiveness in victim care services
- Good arrangements with partner agencies to keep vulnerable people safe, and the force is continually working to enhance these arrangements further

7.31 Police Custody

In January 2014, the Home Secretary commissioned HMIC to conduct a thematic

inspection on the welfare of vulnerable people in police custody, including children in order to understand how effective police forces are at identifying and responding to vulnerabilities and associated risks to the welfare of those detained in police custody. 6 Police Forces were inspected and the findings of the inspection resulted in 18 recommendations these including a specific recommendation for LSCB's.

7.32 Recommendation 14 of the report was directed to Local Safeguarding Children Boards (LSCBs) and stated that LSCB's should hold police forces and local authority children's services to account for the provision of services to divert children away from custody and provide support as required in law to children in custody. Police forces urgently should work with local authorities and LSCBs to:

- Develop joint strategies that equip frontline staff to manage the behaviour of children looked after by the local authority so that detention is a last resort;
- Ensure that no child who is looked after by the local authority is denied accommodation by them;
- Share data, as collected under recommendation 2, to inform local joint strategic needs assessments on safe accommodation requirements for children;
- Record and report to the LSCB the number of children held in custody (and their legal status), the efforts made to secure alternative accommodation and the reasons for failing to do so (with plans to address them); and
- Promote joint engagement with local Magistrates' Associations to support a common, cross-agency understanding of relevant terminology, in particular the distinction between 'safe' and 'secure' accommodation.

7.33 Although Sunderland was not part of the inspection there was learning that the SSCB believed could be used in Sunderland. An action plan was developed based on the learning and recommendation 14 which was led by the police and it was implemented and signed off by the SSCB in July 2016.

7.34 Youth Offending Service (YOS) Short Quality Screening (SQS) Inspection

Sunderland YOS works with community safety partners to prevent young people offending and re-offending and with the victims of crime. The YOS was the subject of a Short Quality Screening Inspection (SQS) in the week beginning 8 February 2016. The SQS is a short inspection of youth offending work conducted by Her Majesty's Inspectorate (HMI) Probation²⁰, the focus of which is to review the quality of work at the start of sentence in a small number of recent cases with children and young people who have offended by critically assessing the quality of assessments and plans via case audits.

7.35 Sunderland YOS maintained excellent performance against all 3 performance indicators of preventing first time entrants (a reduction of 34% since 2011-2012), low custody rates (currently the lowest in its history) and maintaining its reoffending rates at below the current England average.

7.36 Among the conclusions of the Inspection report was that Sunderland Youth Offending Service: "was supported by an experienced, committed and motivated team who knew their cases and family's well, that the service had a commitment to the 'Strengthening Families' Initiative and benefited from mature embedded relationships with key services,

²⁰ HM Inspectorate of Probation reports to the government on the effectiveness of work with adults, children and young people who have offended with an aim to reduce reoffending and protect the public.

including 'impressive' links with Health." The report also described Sunderland YOS key strengths as; "Having case managers who demonstrated tenacity and persistence" and "an impressive 'Strengthening Families initiative' with practitioners who were able to support struggling parents and strong effective partnerships where intelligence was shared and acted upon."

- 7.37** These strong partnerships across the city has allowed the service to significantly reduce the number of young people in custody, those who offend, and lowered the numbers of young people coming into the criminal justice system for the first time. Positive partnerships especially during the last few years with health and the police have supported the service's performance.
- 7.38** The service's Liaison and Diversion Project which has been in place for 5 years was highly commended in the inspection report and has also received national recognition. The project was achieving improvements in identifying and meeting the health needs of young people and diverting young people from a life of crime. A parent commented positively on her and her son's experience of the project. It was also identified as a model for national consideration.
- 7.39** The areas for improvement were:
- Reviews of assessment and planning should be completed, particularly relating to significant events, changes in risk levels and sentence
 - Recording on the contact log should be consistent and include key decision-making and activity of all YOS staff contributing to the sentence plan
 - Management oversight, particularly of high risk of harm cases, should be better targeted to provide assurance that all required action has been taken to minimise risks
 - Practitioners' should have a better understanding and familiarity of MAPPA processes

The findings of the inspection were reported into the SSCB in April 2016.

- 7.40 Joint targeted area inspection of the multi-agency response to abuse and neglect in South Tyneside Metropolitan Borough**
Between 22 and 26 February 2016, Ofsted, the Care Quality Commission (CQC), HMI Constabulary (HMIC) and HMI Probation (HMIP) undertook a joint inspection of the multi-agency response to abuse and neglect in South Tyneside Metropolitan Borough. This inspection included a 'deep dive' focus on the response to child sexual exploitation and those missing from home, care or education.
- 7.41** Whilst this was an inspection of the partnership arrangements in South Tyneside, the findings are relevant to Sunderland as Northumbria Police, South Tyneside NHSFT, Northumberland CRC, NTW and the National Probation Service also work across Sunderland and the same MSET strategic and operational structures exist under both Boards. Key relevant findings for Sunderland are outlined below with a comment on how these findings affect Sunderland:
- Police leaders committed to the partnership, prioritising child protection and having a clear determination to reduce the risks to those identified as being vulnerable, are driving a culture of continual improvement to enhance decision making and ensure delivery of appropriate protective responses to victims, eg the police work

closely with partners to review and develop their approach to tackling child sexual exploitation – The same Police representatives work across South Tyneside and Sunderland and these strengths had been identified in Sunderland

- Until January 2016, the police had not distinguished between children missing and those who are absent, therefore all children have been categorised as missing, including those who are late returning home. This means that the partnership has not previously had a coherent list of those children most at risk in order to analyse systematically the needs of children who go missing – This had already been highlighted in Sunderland prior to the JTAI and steps had been put in place to address this
- A successful Home Office Innovation Fund bid that secured in excess of £3 million has led to the development of an expanded Operation Sanctuary (a police led operation investigating sexual crimes against vulnerable women and girls). Sanctuary South is a multi-agency project which builds on learning from Operation Sanctuary in providing support to vulnerable victims of sexual crimes and in the investigation, prosecution and disruption of criminal behaviour – Sunderland agencies have been part of Sanctuary South since its implementation from April 2016
- A lack of effective management oversight within health services to ensure that all health professionals effectively and routinely assess risks to children and senior managers in South Tyneside Foundation Trust do not have a sufficiently robust understanding of what is happening to assess and manage risk in those frontline services inspected – CSE self-assessment is to be undertaken with all SSCB partners to benchmark the arrangements in Sunderland which will pick up improvements and address shortfalls in 2016 – 2017
- There is a lack of regular safeguarding audit activity by safeguarding leads in the South Tyneside Foundation Trust in both the community and acute services inspected consequently commissioners and managers cannot be assured of the quality of safeguarding practice undertaken by clinicians in these services – Multi agency MSET audits are part of the SSCB Audit Cycle for 2016-2017
- Risk assessment by clinicians was found in this inspection to be dependent on individual staff knowledge, confidence and professional curiosity, rather than a consistent and clearly defined approach to the identification of risk - A CSE Risk Assessment Tool has been launched in Sunderland based on other best practice models including those from South Tyneside and staff have been invited to the MSET training in Sunderland
- The police force has more to do to understand the extent and nature of child sexual exploitation across South Tyneside. The problem profile for Sunderland is part of the Northumbria police profile and work is being progressed with Palantir²¹ in Sunderland to get a more sophisticated and accurate profile including hotspots etc

7.42 The SSCB will receive updates on the action plan that was put in place by STFT to address the areas for improvement identified from this inspection. The learning from the inspection will be considered by the SSCB MSET Subcommittee to identify areas for

²¹ Sunderland City Council is working with US firm Palantir to help it build its Intelligence Hub. On completion, the hub will enable council staff, and potentially healthcare, police and other bodies, to analyse data and to channel resources more effectively into the community.

improvement.

7.43 Schools and Early Years Settings

Within Ofsted's schools inspection framework are judgements on 'behaviour and safety' and this takes into account safeguarding. In Sunderland, 19 schools were inspected during 2015-2016. 94.7 % were judged either 'good' or 'outstanding' with 5.2 % 'requires improvement'. There were no schools judged as 'inadequate'.

7.44 88.5 % of child minders inspected in Sunderland were judged either 'good' or 'outstanding' with 11% 'requires improvement'. None were judged 'inadequate'. Within Day Care settings 88% of those inspected were judged either 'good' or 'outstanding' with 2% 'requires improvement' and none 'inadequate'. Early Years settings that are judged 'requires improvement' and 'inadequate' are visited and supported by Sunderland City Council's Childcare Team.

7.45 City of Sunderland College

The City of Sunderland College (Sunderland College) is one of the largest providers of education in the north east of England. There are 4 campuses across the city offering a wide range of academic and vocational provision for school leavers and adults. The college was last fully inspected in 2010. The College's Section 11 Audit in 2015 demonstrated clear evidence of compliance with the standards.

7.46 Savile Enquiries

In 2015 NHS England asked all NHS Hospital Trusts to review the learning and recommendations from the Lampard Report (2015) which outlined the findings into the NHS investigations into Jimmy Savile. Each of the partner NHS agencies have done this as part of their clinical governance and safeguarding activity.

7.47 Sunderland City Council Children's Homes

The local authority operates 5 children's homes. All 5 Children's Homes had a full Ofsted inspection in 2015-2016, with 3 being judged 'good' and 2 'requiring improvement'. Interim inspections in 2016 of the same homes found 4 to have 'improved effectiveness' and 1 had 'sustained effectiveness'.

7.48 The Incidence and Nature of Child Deaths in Sunderland

Since 1 April 2008, Local Safeguarding Children Boards (LSCBs) in England have had a statutory responsibility for child death review processes under The Children Act 2004, and applies to all young people under the age of 18 years. The processes to be followed when a child dies are outlined within Working Together to Safeguard Children 2015: Chapter 5 Child Death Review Processes. The process focuses on identifying 'modifiable factors'²² in the child's death. The overall purpose of the child death review process is to understand how and why children die, to put in place interventions to protect other children, and to prevent future deaths.

7.49 In the South of Tyne sub region the SSCB works with the Local Safeguarding Children Boards (LSCBs) for South Tyneside and Gateshead to form a single South of Tyne (SoT) Child Death Overview Panel (CDOP). Each locality has established a Local Child Death Review Group which reports directly into the CDOP and to the relevant LSCB. During

²² Modifiable factors are defined as 'one or more factors, in any domain, which may have contributed to the death of the child and which, by means of locally or nationally achievable interventions, could be modified to reduce the risk of future child deaths.'

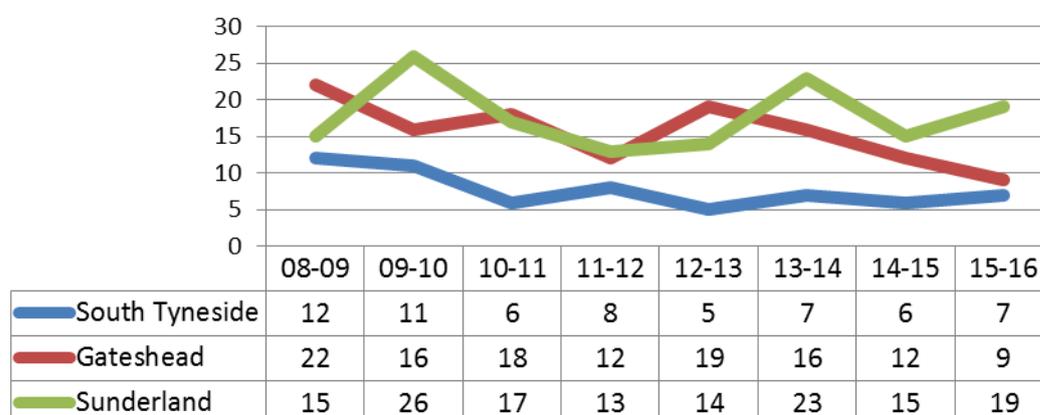
2015-16, the SoT CDOP was chaired by the Director of Public Health for Gateshead. The panel will be chaired by the Director of Public Health for South Tyneside in 2016-17.

7.50 There have been 18 child deaths in Sunderland between April 2015 and March 2016. This is a similar position to previous years. The deaths are categorised below:

- 8 Neonatal
- 4 Expected
- 6 Unexpected

1 additional case was notified to CDOP, but this was then re-classified as a still birth so does not fall within the CDR process.

The data is examined across the 3 local CDOP panels south of the Tyne.



Of the 3 areas Sunderland has had the highest level of deaths for the last 3 years.

7.51 SOTW CDOP identified ‘modifiable factors’ in 17% of all completed cases. Modifiable factors are defined as ‘one or more factors, in any domain, which may have contributed to the death of the child and which, by means of locally or nationally achievable interventions, could be modified to reduce the risk of future child deaths’.

7.52 The highest percentage of cases with modifiable factors present was within the Sudden Unexpected Deaths category with 59% of deaths having modifiable factors present. Deliberately inflicted injury, abuse or neglect is next highest at 50%, but there have been less than 5 deaths in this category during 2008-16. 5 of the deaths in 2013-2014 became serious case reviews and the final SCR reports for each of these deaths were presented to CDOP to ensure learning can be embedded.

7.53 Timeliness of the child death review process has improved significantly with the majority of cases since 2014-15 being completed within 6-12 months of the child’s death. Those that have taken over 12 months to complete have been delayed by other processes, i.e. availability of post mortems, inquests, hospital mortality reviews, criminal investigations or SCRs. The LCDRP and CDOP are continuing to monitor the impact of parallel processes on the time taken to complete reviews.

7.54 Overall the findings show that the pattern of child deaths seen locally reflects those identified in regional and national findings; the largest proportion of deaths are associated with premature birth and males account for the majority of all deaths. The majority of modifiable factors identified by CDOP are in relation to known risk factors for Sudden

Infant Death Syndrome, as identified in previous years, and are subject to on-going work by CDOP and local health agencies.

7.55 Actions undertaken/Learning shared following reviews include:

- Awareness raising around the known risk factors affecting infant mortality, Parental Smoking, bed sharing etc.
- Concerns around the limited availability of neonatal beds which has been raised with the regional neonatal network
- Partner agencies have been reminded of the importance of attending pre-birth strategy meetings and Child Protection Conferences
- Dangers of blind cords to children has been included in birth information packs
- Regional Units have been reminded that there should always be a planning meeting before the discharge of vulnerable infants. For very vulnerable families these should be carefully planned with prior notification of all community services known to be involved in caring for and supporting the family
- North East Ambulance Service requested to make paramedic crews available to attend Rapid Response/Case discussion meetings where ever possible
- SoT CDOP have reviewed their procedures around how parents are included in the process

7.56 Serious Case Reviews (SCRs) and Local Learning Lessons Reviews (LLLRs)

LSCBs are required to have a Learning and Improvement Framework and have a culture of continuous learning. In addition they are required to ensure that learning from the detail of serious child care incidents to improve practice and reduce the likelihood of these types of incidents happening again.

7.57 Between April 2015 and March 2016 there were 5 serious incident childcare notifications made to Ofsted that led to Serious Case Reviews in Sunderland. These cases related to 2 babies, 2 teenagers and 1 family of 8 children. 1 of these cases was identified by Ofsted during the Inspection in May 2015. Of these 1 baby had died and the remaining children had been seriously harmed. In addition, the SSCB undertook 2 Learning Reviews into the circumstances of 2 other babies.

7.58 The SSCB published three SCRs in 2015 – 2016 which were all in respect of babies who had died or been seriously harmed. The learning from these SCRs includes:

- Safeguarding children and young people is dependent on effective communication between agencies
- The importance of timely, good quality, robust, assessments
- Professional challenge is everyone's responsibility
- Management oversight is central to supporting critical thinking, challenge and good assessment in multi-agency work

7.59 Parallel processes in relation to the death and/or injury of these children such as coronial processes and criminal proceedings, caused delays in engaging with key family members and subsequently in publishing reports during 2015-2016. However work has been undertaken to embed the recommendations and the Learning and Improvement in Practice Sub Committee has scrutinised this process.

7.60 Despite these delays, the SSCB has monitored the implementation of the action plans from all of these reviews and provided challenge to agencies that have not robustly

implemented their action plans. The SSCB has included impact statements in the SCR reports it has published in 2015 – 2016. There is some evidence of the learning improving practice: Should we not hyperlink the associated reports so we don't have to repeat here

- Reviewed and re-launching the Resolution of Professional Differences procedure
- Identifying multi-agency audits to be included in the SSCB Audit Cycle for 2015 – 2016
- Launched a procedure and prompt sheet to support staff to work effectively with parents who are resistant, hostile and uncooperative. Consultation with staff confirmed that the prompt sheets did have the required impact on staff
- The SSCB used the Section 11 audit process for agencies to self-assess their internal learning and improvement processes. This included assessment around if the agency used learning from all reviews/audits to develop service delivery
- The SSCB Unborn Baby procedures have been strengthened and a multi-agency audit of the instigation of pre-discharge meetings for babies (where appropriate) is to be undertaken in 2016-2017. This will measure the impact of the procedural changes focusing on both compliance and the quality of work undertaken
- The SSCB Threshold Guidance has been strengthened as part of the development of the SSCB Early Help Strategy. Analysis of performance information has identified that these two frameworks have not significantly impacted to improve outcomes for children. The SSCB is therefore undertaking a further review of both documents, establishing a joint framework for dissemination of information as a mechanism to fully embed the changes in practice required. The impact this has will be measured through the planned multi-agency audits for 2016-2017 on referrals to Children's Social Care, the robustness of the Step Up/Step Down procedures and the quality of early help where domestic violence is a risk

There is still a significant amount of work to do to fully embed the learning and to be able to evidence the impact of this work. This is a priority area of work for 2016-2017.

7.61 Managing Allegations against Professionals

The revised framework for the management of allegations of abuse is set out in Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children (2015) and in Keeping Children Safe in Education: statutory guidance for school and colleges on safeguarding children and safer recruitment (2015).

7.62 The Annual Report of the Local Authority Designated Officer (LADO) 2015-2016 was presented to the Board in July 2016. In 2015-2016 the LADO service received 185 referrals from 15 organisations²³. This represented a marginal increase of 3 additional referrals from the previous year. Direct comparisons of referral numbers against other LA's is problematic given that there is no national statistics available on LADO enquiries to each authority.

7.63 School holidays continue to represent the months the LADO service receives its lowest amounts of referrals. This correlates with the collective education profession being the predominant referrer into the LADO service.

²³ The LADO Annual Report 2015-2016

7.64 2015-2016 saw a rise in the referrals for secondary education from 31 to 44, and foster carers from 35 to 40 referrals for the second year in a row. However, it was the 'Other' reporting group which had the biggest increase from 27 to 45 and this category includes; sporting organisations, after school clubs, youth clubs, and GP's. Referrals involving primary schools, nursery schools and health professionals were all reduced in 2015-2016.

7.65 Allegations of physical abuse continues to be the main category of abuse for referrals into the LADO service accounting for half of the total number of referrals at 92 cases which is 50% of the total number of referrals in 2015-2016. This year has also seen a significant increase in the number of referrals for emotional abuse from 10 in 2014-2015 to 44 referrals in 2015-2016. This coincides with a rise in the cases categorised under emotional abuse within the Child protection arena. At the same time there has been a reduction of 17 referrals in relation to other forms of concern from 30 to 13. This could be as a result of overall better identification of categories of abuse and subsequent naming of the category of concern by the referral population in Sunderland. A significant number of referrals led to no further action in 2015-2016.

7.66 Private Fostering

It is the duty of the Local Authority to satisfy itself that the welfare of children who are, or will be privately fostered within their area are satisfactorily safeguarded and promoted. Working Together to Safeguard Children 2010 set out a policy and procedural function for the LSCB in relation to private fostering. The LSCB role includes monitoring and quality assurance and to ensure that public awareness is raised about private fostering.

7.67 This Ofsted inspection found that Private Fostering arrangements in Sunderland did not meet statutory requirements. The local authority accepted that insufficient work was being done to promote awareness of private fostering across Sunderland. A small number of young people had been appropriately identified as privately fostered but there were considerable delays in the completion of assessments of the circumstances. Assessments that were completed were of poor quality.

7.68 The Private Fostering Annual Report 2014 – 2015 was presented to the SSCB in July 2015. The report identified that there were only 3 private fostering arrangements notified to the local authority with another 2 ending recently as the young people had turned 16. This is quite a low number for an authority the size of Sunderland. The report did identify areas of improvement made in relation to private fostering by the Local Authority from April 2014 to March 2015 which included:

- A strengthened performance management process to ensure that those children who are privately fostered are visited and that their assessments are completed in a timely manner
- The council and SSCB websites were updated and all key partners' including health, school nurses, health visitors etc.
- A new leaflet and poster about private fostering was developed and shared with partners to display in schools, GP surgeries, hospital waiting areas etc.
- An advert was to be put in all of the Customer Service Centres, Gentoo housing offices and GP surgeries, mosques and other public venues
- The school admission service included a question about whether a child is privately fostered on their admission form and it was included in the governors handbook

- Sunderland Children's Safeguarding Service commissioned an advocacy service and children who are privately fostered are made aware that they are able to access this service

7.69 The report recognised this low number and also highlighted work that was required to improve the recognition and support offered to children and young people who are privately fostered. These areas for improvement were to be achieved by September 2015 and reported to the SSCB in 2016 are outlined below:

- Information leaflets about Private Fostering to be shared with partner agencies for public display (e.g. Police, Schools, GP Surgeries, Children's Centres, churches, community hall, mosques and other public venues)
- All education settings are required to have a copy of the Private Fostering poster which should be displayed in their foyer
- Review the Private Fostering procedures
- Raise awareness training workshop with staff and partners
- Health staff to seek information from adults accompanying a child to Accident and Emergency attendances to establish who has parental responsibility for the child
- Access to Advocacy Service to be embedded
- Target audits to be put in place to monitor quality of practice as well as compliance with procedures
- To request the school admission service to include a question about whether a child is Privately Fostered on their admissions form
- Improving data collection focusing on the effectiveness of the Private Fostering Arrangement
- Consider adding to data collection a question about how notifications/referrals were first made and categorising the young person by reason for placement
- Identifying high and low risk groups
- Schools being required to clarify the number of children not living with their parents as part of the admissions process and annual returns
- Publishing annual reports on SSCB website
- Better targeting at 'raising awareness' work with emphasis on key contact points
- Make regular contact with language colleagues
- Capturing the views of the children and young people to inform service development by implementing a questionnaire for children and young people to complete.

Whilst the service recognised that the notifications about privately fostered children continue to remain low, the launch of the new leaflets and posters and workshops was anticipated to improve identification and notification of private fostering arrangements in Sunderland.

7.70 Safeguarding in Education Establishments

The SSCB has recruited 3 schools representatives to the SSCB Executive Group to better engage with school settings. These representatives are Head Teachers from 2 primary schools and 1 secondary school. In addition, the Head of Education and Lifelong Learning from the Local Authority acts as the conduit between the SSCB and schools at the Board. The secondary schools have identified the following key challenges for the secondary school cohort in Sunderland as:

- Responding to Child Sexual Exploitation, and risk taking behaviour such as use of drugs and alcohol
- Dealing with violent and aggressive behaviour from young people

Both secondary and primary schools have identified the following challenges:

- Communication with Children's Social Care
- Implementation of the SSCB Resolving Professional Differences protocol and escalation processes with partner agencies

7.71 It is anticipated that communication with Children's Social Care will be strengthened with the appointment of the new Director of Education in the new Children's Company. The SSCB also has representation from Sunderland College on the Executive Group and Sunderland University on the Board.

7.72 The SSCB Chair and Vice Chair have also attended a number of the Secondary Schools Head Teacher's forums to begin to address a number of the key challenges identified by the schools. These measures of engagement have provided a helpful starting point to ensuring that all schools are more robustly engaged and supported by other partners in the safeguarding system.

7.73 Performance Management and Quality Assurance of Safeguarding Services in Sunderland

The second objective of an LSCB is to ensure the effectiveness of multi-agency working to safeguard and promote the welfare of children and young people. The Inspection in 2015 found that performance management was a particular weakness of the Board and Ofsted concluded that the Board was not monitoring and evaluating the effectiveness of agencies in safeguarding and promoting the welfare of children. Taken alongside the unreliable nature of much of the data and the lack of multi-agency audits, this lack of oversight means that often poor and uncoordinated safeguarding services are not receiving sufficient scrutiny and challenge of their quality and impact.

7.74 As part of the Board's improvement work in 2015, the SSCB approved its Quality Assurance and Performance Framework in July 2015. The Framework focuses on "outcomes" and the impact of services on the lives of children and young people in Sunderland. The purpose of the Framework is to enable the Board and agencies to:

- Have a planned approach in scrutinising and challenging the quality and effectiveness of their services through self-assessment
- Performance monitor safeguarding outcomes for children and young people
- Have single and multi-agency plans that are informed by need, identified by national and local safeguarding data and information
- Learn from reviews, audits and any other learning and improvement activity to continuously improve in accordance with LIIP framework

The Framework has elements which support performance being measured at 3 levels which are:

- SSCB – How effective/efficient is our Board?
- Individual agencies – How effective/ efficient are individual agencies in safeguarding children and young people
- Children and young people – Outcomes/impact

Performance will then be measured by 3 types of performance:

- Quantity - 'How much did we do'?
- Quality – 'How well did we do it'?
- Outcome/Impact – 'is anyone better off – so what'

7.75 Section 11 Duty to Safeguard Compliance

Section 11 of the Children Act 2004 puts a statutory duty on key organisations to make arrangements to ensure that in discharging their functions they have the regard to the need to safeguard and promote the welfare of children. In addition, this section of the Act requires LSCBs to ensure that organisations have safeguarding arrangements in place which are overseen and evaluated by senior managers etc. The Ofsted inspection of the SSCB in 2015 found that the SSCB had not done enough to evaluate how effectively agencies are keeping children safe or hold partners to account for their practice which included not undertaking a Section 11 Audit.

7.76 A self-assessment of statutory partners' compliance with Section 11 responsibilities was started in April/May 2015. A random sample of evidence of compliance was undertaken in respect of all Board agencies by members of the Quality Assurance Sub-Committee. The findings of the Section 11 Audit as reported to the Board in January 2016 highlighted:

- All agencies had demonstrated an acceptable level of compliance
- Some agencies demonstrated a significant level of compliance with Section 11 of the Children Act 2004

Key improvement areas identified by partners resulting from the Section 11 audits included:

- Ensuring staff are fully trained to enable them to recognise safeguarding issues
- Having a robust allegation management policy in place
- External single agency safeguarding training to include children with disabilities
- Some cross boundary agencies such as Northumbria Police are required to complete a Section 11 Audit tool across more than one LSCB area. Further work needs to be undertaken by LSCBs who "share" agencies to minimise duplication of work - as a result of this finding Sunderland, Gateshead and South Tyneside LSCB's are completing a sub-regional Section 11 Audit for 2016-2017 to minimise duplication and to streamline the process for agencies who cover more than one LSCB area
- Commissioned services working on behalf of Sunderland Council have to demonstrate compliance with Section 11 of the Children's Act 2004. This includes having a safeguarding children procedure/policy that meets the minimum standards set by the SSCB
- The Business Unit works with the Council Commissioning Service to ensure the requirements of Section 11 are met by commissioned services
- Some schools and education services completed the Section 11 audit tool in 2015 – 2016 instead of a Section 175 Education Act 2002 audit tool. This is a key area of development for the SSCB in 2016 – 2017 where there will be a Section 11 audit for Board Members and a Section 175 audit tool for schools and education settings which will reflect the changes in the statutory guidance, Keeping Children Safe in Education (September 2016)

7.77 The Child's journey through the safeguarding system and outcomes for priority vulnerable groups

The SSCB Performance and Quality Assurance Framework was approved by the SSCB in July 2015. The Framework is based on an 'Outcomes Based Accountability' approach, asking 3 questions: How much did we do? How well did we do it? Did it make a difference (particularly to outcomes for children and young people)?

7.78 This section reviews how effectively the system responds to the needs of a child/young person when concerns are identified and how they become involved with statutory services.

7.79 A Multi-agency Safeguarding Hub (MASH) was established in Sunderland in 2013. The aim of the MASH was to ensure strengthened decision making by multi-agency partners when a referral is made to Children's Social Care. There have been significant difficulties with the MASH since it began including a lack of leadership, poor performance, drift and delay, poor quality assessments etc. These issues were all identified by Ofsted in 2015 who found there were a number of unallocated and unworked cases, particularly within the multi-agency safeguarding hub (MASH) and this leaves some children potentially at risk of harm. This had been an issue that had happened previously in the MASH which periodically required additional hours to resolve.

7.80 At the time of the inspection the Early Help Strategy was being developed and the SSCB also refreshed the SSCB Threshold Guidance with both being relaunched later in 2015. Although the number of CAFs initiated in 2015/16 increased significantly in comparison to 2014 – 2015 from 1547 to 2229 this has not significantly reduced the number of referrals to Children's Social Care, which have dropped from 2843 (2014 – 2015) to 2735 (2015 – 2016). The figure has reduced as cases are progressed and closed.

7.81 The number of children receiving services from Children's Social Care also reduced in 2015 – 2016 from 2843 (2014 – 2015) to 2735.

7.82 The highest level of referrals to Children's Social Care continues to be the Police, followed by City Hospitals Sunderland.

A significant level of referrals results in no further action by Children's Social Care. An audit undertaken on behalf of the SSCB in 2015/16 identified that all referrals except one were appropriate, despite performance data analysis from within CSC concluding that 75% of referrals to the service were inappropriate. This will be an area for further SSCB audit in 2016 – 2017 to better understand the frontline work around referrals.

7.83 The number of re-referrals decreased in March 2016 but the percentage of re-referrals remained above the target at year end. 30% of re-referrals had been made in the last 12 months in Quarter 4 which was a reduction on the percentage at the end of Quarter 3.

7.84 Children and Young People subject to a child protection plan

The number of children subject to a child protection plan at the end of 2015-2016 had increased by 25 resulting in this being at a rate of 80.1 per 10K of the population. The highest category for the child protection plan was for neglect, which in 2014-2015 counted for 85% of the child protection plans. At the end of 2015-2016 this had reduced to 55% of the total. This was a positive reduction as the level at the end of 2014-2015 was too high and an audit undertaken in 2015-2016 confirmed that of the sample considered

the correct category of neglect was in place. The improvement work undertaken had led to the desired outcome.

7.85 The number of children subject to a child protection plan for 18 months or more had also been safely reduced. In March 2016 there were 10 children subject to a plan for more than 2 years. The 4 cases were reviewed in order that appropriate action could be taken and avoid any delay for the child.

7.86 The % of children subject to a repeat plan had increased by March 2016 but this was related directly to a large sibling group. The outturn was higher than national and statistical neighbours but remained at a reasonable level.

7.87 There remains a significant amount of work to do to safely reduce the number of children subject to child protection plans but this is reliant on a number of other factors such as partner confidence in the system and will be part of the improvement journey across the safeguarding partnership in 2016-2017.

7.88 Children and Young People who are Looked After

By May 2015 the number of children and young people looked after was 586 which was an increase of 20% or 96 children and young people since March 2014. This represented a rate of 107 per 10,000 children in the population, almost double the England average of 60 and above the average of 84 in similar councils. A high number of these children were looked after under voluntary arrangements and:

- Only a small number of 'connected persons' placements were previously approved as foster care arrangements which means some children remain in placements that may not be appropriate for their needs or may not even be safe
- Inspectors found a small number of cases where children have remained in family placements after a temporary approval has been ended due to the unsuitability of carers
- Some children have remained at home in harmful or potentially harmful situations for too long before becoming looked after
- Over half (52%) of looked after children are accommodated under Section 20 of the Children Act 1989, almost double the national average of 28%
- When children do become looked after, they are often unable to develop trusting relationships with their Social Worker because of frequent staff changes
- Children wait too long to be placed with permanent carers and to achieve legal security
- The Local Authority has lost the confidence of the family courts
- When children return home from care, the Local Authority does not always ensure these decisions are underpinned by assessments that demonstrate risks have been addressed, or provide sufficient on-going support and monitoring
- There is limited evidence that challenge by Independent Reviewing Officers (IROs) leads to sustainable improved outcomes for these children
- There is insufficient placement availability and choice
- Increasingly children are being placed outside the city and placement stability is deteriorating children looked after and care leavers receive prompt and effective services that reflect their identified need

7.89 Following this review the percentage of Looked After children accommodated under voluntary arrangements had also been safely reduced to 38.1% by end of Quarter 4. These concerns were addressed by the Local Authority implementing new systems to

improve practice in these areas. The monitoring visit from Ofsted in 2016 noted significant progress.

7.90 Performance Reports to the SSCB in 2015/16 have identified the following:

- Improved performance to Looked After Children whose future was secured legally by either a care order or interim care order to
- Improved performance in statutory reviews being held in timescales
- Improved performance in Looked After Children having a Personal Education Plan (PEP)
- Best performance was achieved for the percentage of statutory visits which had improved to 96%

Unfortunately the following areas of performance did not improve:

- Percentage of children and young people living outside of Sunderland's boundary
- In addition, the data around health assessments of Looked After children remains challenging due to failures to record activity on the electronic system

7.91 Multi-Agency Looked After Partnership (MALAP)

In 2014, the MALAP ceased operating as Children's Services had brought in a 'Getting to Good' Panel for Looked After Children. This failed to embed into the partnership structure at this time and the MALAP was re-established in 2015 but did not start to work. As a result of partner concerns around the lack of a multi-agency strategic partnership to consider our LAC, the SSCB decided it would become a subcommittee of the SSCB. Ofsted were concerned about this step. Following these concerns highlighted by Ofsted, the SSCB decided that it was no longer appropriate to have MALAP within its structure however once re-established the SSCB would provide more robust scrutiny of the MALAP. The Chair of the MALAP reported into the SSCB on a six monthly basis in 2015 -2016.

7.92 Corporate Parenting Board

Corporate Parenting is the term used to refer to the collective responsibility of the Council to provide the best possible care and protection for children who are looked after. The Council as a whole is the corporate parent and councillors have a key role to play in ensuring that children are well looked after and that they achieve their full potential.

7.93 The Local Authority (Council) has a strategic responsibility for Looked After Children as documented in legislation and national and local guidance. The Children Act 1989 places a duty on Health, Housing, Education and Social Care as a minimum, to work together to improve outcomes for Looked After Children. This was strengthened by the Children Act 2004, which places a statutory duty on local authorities to promote the educational achievement of Looked After Children.

7.94 The Corporate Parenting Board in Sunderland meets on a quarterly basis and it has a work plan with the focus of improving the outcomes for Looked after Children. The Corporate Parenting Board scrutinises performance reports regarding: placements, reviews, adoption, care leavers and offending and where possible including regional and national comparators.

7.95 Children and young people who go missing

Looked After Children form the highest proportion of children and young people in Sunderland who go missing. In 2015-2016, both boys and girls tend to go missing the

same number of times and the age group of 16 plus have the highest level of missing episodes. The number of children who were missing from residential care in Sunderland reduced in Quarter 4 compared with previous months. The challenge has been to ensure a robust return interview process is in place for those young people who go missing.

7.96 In Quarter 1 only 16% of return interviews were completed by the commissioned service and Ofsted raised concerns regarding the quality of the service for children and young people. Following a partnership challenge in 2015 a new service was commissioned by the Council to undertake these interviews more robustly. By Quarter 4 the completion rate had improved to 49% however this is still not acceptable and the Board will continue to monitor the progress of the service and the impact it has on children and young people into 2016-2017.

7.97 Children and Young People suffering, or at risk of, Sexual Exploitation

With regard to the SSCB, the inspection found that the Board's Missing, Sexually Exploited and Trafficked (MSET) subcommittee did not provide the strength of leadership or scrutiny necessary to support a robust and effective multi-agency response to missing children and those at risk of child sexual exploitation. The inspection also evaluated the findings of the review commissioned by the Council and concluded that the review "identified an approach to child sexual exploitation that is seriously underdeveloped and not currently capable of safeguarding young people".

7.98 The SSCB developed a CSE Delivery Plan for 2015 – 2016, which ran in parallel with the plan from the review undertaken in March 2015. A self-assessment undertaken in 2016 has identified good progress has been made in delivering the plan, and that services to prevent, disrupt, or intervene in situations where a child is at risk from or involved with CSE are significantly strengthened and improved although there is still a considerable amount to do. Learning from 2 recent SCR's has identified key issues that are now being addressed.

7.99 Evidence from Single and Multi-Agency Auditing Activity

The SSCB has struggled to implement the SSCB Audit Cycle in 2015-2016 and has only completed 2 multi-agency audits. The audits were undertaken following an analysis of the SSCB performance report. These audits relate to, firstly, the number of "inappropriate referrals to Children's Services" and the second to the use of the neglect category for child protection plans when domestic violence is a factor in the case.

7.100 SSCB multi-agency audit findings

7.101 Multi-Agency Audit of Referrals to Children's Social Care

Analysis of performance data in 2015- 2016 indicated that 75% of referrals to Children's Social Care result in no further action by Children's Services although the child's needs may be appropriately met through strengthening families or early intervention via universal services. The SSCB undertook an audit in 2015-2016 that did not support this analysis within CSC. Of the referrals sampled all but one was appropriate however, the audit did identify that the quality of referrals needs to be improved. Further front door audits will be undertaken in 2016-2017 to better understand the intelligence from the performance data.

7.102 Multi-Agency Audit of use of Neglect Category for Children Subject of a Child Protection Plan in Domestic Violence Cases (July 2015)

The SSCB performance data in May 2015 identified that of the 394 children subject to a child protection plan 86% were under the category of neglect. At this time there was a concern that the category of neglect was being used inappropriately where domestic violence was a feature in the family circumstances instead of physical or emotional abuse.

7.103 This issue had been identified previously by an Ofsted Inspection in 2012 and two multi-agency audits were undertaken by the SSCB in 2012 and 2013 to determine whether the use of the category of neglect was appropriate. Both of these audits concluded that the category of neglect was appropriately used in the samples interrogated.

7.104 A random sample audit was carried out on 16 cases (10 cases where the child was subject to a child protection plan under the category of neglect and 6 cases under the category of emotional abuse, where domestic violence was a feature (there were only 6 cases in this category) . There were no cases where the child was subject to a child protection plan under the category of physical abuse which had domestic violence as a feature therefore this sample of the audit could not be undertaken.

7.105 The audits confirmed that the hypothesis that the neglect category was being used when 'emotional' or 'physical' would be more appropriate was supported by the audit given that there were no cases where a child was subject to a child protection plan under the category of physical abuse and only 6 cases where the child is subject to a child protection plan under the category of emotional abuse and domestic violence is a feature.

7.106 Partner Agency Audit Activity

This has not been a focus of the SSCB work in 2015-2016 due to the other challenges that the Board has faced to get its own processes to work effectively however this will be a focus for the Board moving into 2016-2017 with a more robust assurance cycle in place.

7.107 Summary and Whole System Analysis

In order for the SSCB to demonstrate compliance in respect of evaluating the effectiveness of the safeguarding system in Sunderland, the following questions provide a clear framework:

1. Are we doing the right things?
2. Are we making sufficient progress?
3. Are we managing risk appropriately and safely?

7.108 Are we doing the right things?

As previously stated the SSCB was inspected in May 2015 as part of the inspection of Children's Services in Sunderland. The review of the effectiveness of the SSCB concluded that it was inadequate because it was failing to meet its statutory duties and did not provide effective oversight of all areas concerned with children's safeguarding as required by statutory guidance.

Ofsted concluded that the SSCB "has not done enough to evaluate how effectively agencies are keeping children safe or hold partners to account for their practice. It has not provided sufficient leadership and coordination with regard to key priorities including children who may be at risk of sexual exploitation, those who go missing and those who live in homes where domestic abuse is a problem."

- 7.109** The Board had not undertaken a multi-agency practice audit for over a year. It had not therefore monitored the effectiveness of local arrangements to safeguard children as required under statutory guidance.
- 7.110** Ofsted acknowledged that an experienced independent chair, appointed in September 2014, had comprehensively reviewed the membership, structure and priorities of the Board which would come into effect in April 2015 and there was a commitment at senior leadership level to improving the effectiveness of the board. However, while accepting that there had been considerable development work undertaken the improvements had not so far shown a significant impact in ensuring that the LSCB was fulfilling its statutory functions.
- 7.111** Relationships with other statutory boards were not clear which meant that the SSCB had limited influence and impact on ensuring that children's safeguarding issues were prioritised across other key partnerships such as the SSAB and HWBB. At this time the Children's Trust had been repositioned to become a Children's Trust Board and was sitting as a Sub-Group of the HWBB. Despite this, the Children's Trust Board was not functioning effectively and the CYPP was not being progressed. Following the appointment of the Children's Commissioner, Children's Services was removed from the people Directorate and an Interim Director of Children's Services was appointed. This Director began the process of establishing the Children's Strategic Partnership.
- 7.112** As the SSCB had not established clear links between different planning documents it didn't have clearly defined priorities or expectations about the quality of services for children in Sunderland against which it could hold agencies to account.
- 7.113** Ofsted found that the SSCB's limited resources had been overwhelmed with the challenge of undertaking 10 serious case reviews (SCRs) in 2 years, which meant the Board did not have adequate capacity to undertake other activity. In addition, performance information reported to the SSCB was concluded to be insufficient to allow partners to scrutinise and challenge performance.
- 7.114** Representation by Children's Services at sub-committees of the Board had been inconsistent because of both poor attendance and staff turnover. Partners express exasperation at what they see as a lack of commitment and capability at middle management level within Children's Services.
- 7.115** The SSCB implemented an SSCB Ofsted Improvement Plan based on the recommendations from the inspection as outlined below:
1. Ensure full board approval of agreed priorities and action planning
 2. Ensure that the board is able to effectively monitor the quality and impact of services for children across the partnership
 3. Accelerate implementation of an early help strategy, ensuring that it is consistent with the 'multi-agency threshold guidance' document and then monitor its effectiveness
 4. Review multi-agency training to ensure it supports and promotes front line practice and is able to respond to demand following the imminent publication of a high number of Serious Case Reviews (SCRs); then ensure lessons are learnt and improvements embedded
 5. Agree with partner local authorities on Child Death Overview Panel (CDOP), a coordinated response to the high number of SCR's awaiting publication

6. Ensure that multi-agency arrangements for the oversight of children missing and at risk of sexual exploitation or trafficking are driven by effective information sharing, performance monitoring, and action planning and are strategically coordinated and monitored by the Board
7. Review the resources available to undertake the governance of Multi-Agency Looked After Partnership (MALAP) to ensure a sufficient focus

7.116 Are we making sufficient progress?

There is evidence that some progress has been across the partnership:

- The SSCB Ofsted improvement plan has been implemented but the impact of it is not yet evident
- Better engagement in the work of the Board, particularly the Executive Group, MSET and Quality Assurance sub committees is evident
- Performance reporting is now in place for the Board but the quality of the data and intelligence needs to be strengthened
- The Improvement Board is in place, with robust senior partnership engagement and challenge to drive change internally for Children's Services and across the partnership
- Multi-agency audits have been challenging to implement so there is little evidence of the quality of multi-agency practice through this assurance process
- The Section 11 audit demonstrated improved compliance since previous years

It is therefore a mixed picture that demonstrates some improvement but not at the required pace. The plans/priorities for 2016-2017 are outlined in Section 9.

7.117 Are we managing risk appropriately and safely?

Assessing and managing risk is a key responsibility in safeguarding children and young people and the LSCB has been absolutely clear that this must be maintained appropriately and safely during the period of 'whole system change' and accompanying restructuring being undertaken by many partners. The LSCB has considered the following factors in assuring itself that practice and multi-agency working is appropriate and safe: Findings from external inspections:

- Sunderland Local Authority was judged to be inadequate by Ofsted in July 2015
- The Care Quality Commission inspection of STFT in 2015 found that the overall rating for STFT services was 'requires improvement' for 'safe'
- Her Majesty's Inspectorate of Constabulary an inspection on the experiences, progress and outcomes for children who need help and protection, a number of areas for improvement were found and an action plan is being progressed
- The majority of schools, child minders and day care settings inspected by Ofsted in 2015-2016 were judged to be 'outstanding'

Partner compliance with statutory duties to ensure arrangements are in place to effectively safeguard and promote the welfare of children and young people:

- The Section 11 audit undertaken by partners represented on the Board indicated improved compliance since the previous audit in 2013

7.118 Findings from Audits

- The SSCB developed and implemented the SSCB audit process in 2015 -2016 but undertook limited multi-agency audits in that year

- The neglect audit undertaken was completed at a time when the neglect category for child protection plans was at 80% and identified that the category of neglect was being used inappropriately when domestic violence was a factor in the case. This audit also identified that multi-agency professionals were not complying with the SSCB procedures in that they weren't making recommendations on the need for a child protection plan in their reports to initial child protection conferences

7.119 Conclusions

A review of the information and intelligence considered by the SSCB throughout 2015-2016 and analysed through the annual review process suggests that overall the direction of travel is appropriate, and progress is being made to realise partnership objectives and that change is being managed carefully and safely.

7.120 What are the emerging challenges for the Partnership?

The challenges for the partnership are to more effectively drive the pace of change and improvement into 2016-2017 and to start to robustly measure the difference its work is making to improve outcomes for children and young people.

8.00 Review of Challenges to other Strategic Bodies for 2015-2016

The Board did not make any specific challenges to other strategic bodies in Sunderland and this is another area for clear improvement going forward into 2016-2017.

8.01 Areas requiring increased focus

The SSCB needs to improve its focus on understanding its population and how effectively the safeguarding children partnership is working to improve the lives of children and young people in Sunderland. Partners need to work together more effectively and provide appropriate challenge and support across the workforce. The improvements required by Ofsted need to be driving the work forward but also to have a focus on the JTAI Framework and benchmark ourselves against them as appropriate if we are not identified for one of these inspections.

9.0 Assessment of how effectively the statutory functions of the LSCB were discharged in 2015-2016

This section evaluates the way in which the SSCB has carried out its functions and responsibilities during the year, met its statutory requirements and taken forward its priorities

It evaluates:

- How the SSCB has undertaken its work
- How it has promoted a shared culture of continuous improvement
- How well it has progressed its objectives
- How effective the SSCB has been

9.1 How the SSCB has undertaken its work

In meeting its statutory requirements and progressing its business plan, the SSCB should be well organised and the efforts of its members effectively coordinated. This section considers how this has been undertaken in 2015-16.

9.2 Board Membership and Meetings

It is important to note that the Board is not responsible for the design, development, commissioning or delivery of services to safeguard children or promote their welfare and has no operational responsibilities for practice in any partner agency although each member of the Board has direct responsibility and accountability for their own organisation or agency's practice. Board members when meeting as "The Board" are jointly, severally and collectively responsible for the effectiveness of the whole system and for holding each other to account, seeking assurance from each other, and ensuring poor practice is identified, challenged and improved.

9.3 The SSCB has met on a quarterly basis, in line with the new governance arrangements put in place from April 2015. At the same time the SSCB Executive Group was established and this has met on the months where there was no Board meeting. The Chair of the SSCB is also the Chair of the SSAB and the Board meeting in October 2015 was a joint meeting with Sunderland Safeguarding Adult Board (SSAB) with a shared agenda across children and adult safeguarding.

9.4 Attendance by partner organisations at Board meetings varies across agencies but has been generally positive and authorised deputies attend as required. The Chair of the SSCB takes up poor attendance with the relevant agency chief executive.

9.5 Ofsted noted in 2015 that the 6 Learning and Improving in Practice subcommittees had been attended by 4 different Children's Services representatives which had led to significant delay to ensure learning from reviews is effectively disseminated and used to inform frontline practice.

9.6 The SSCB has 4 SSCB sub committees, and 3 joint sub committees with the SSAB. The structure of the SSCB is outlined in Appendix 3. The work of the SSCB should be undertaken through the sub committees, working groups and task and finish groups supported by the SSCB Business Unit.

9.7 Supporting the work of the Board

The SSCB sub committees have met on a regular basis in line with their terms of

reference. The joint sub committees have had limited attendance and some meetings have been cancelled. The attendance records for all meetings are set out in Appendix 6. Update reports on the work of the sub committees are provided for each Board meeting.

9.8 Developments in 2015-16 include:

The new governance arrangements were implemented from April 2015 which put ownership and accountability at the highest level in partner agencies. Chairing arrangements for all sub-committees were reviewed and 1 change was made due to the previous Chair leaving the Authority. The MSET subcommittee was reviewed and strengthened which included robust oversight and scrutiny around the functioning of the SSCB MSET Operational Group. The subcommittee has supported the implementation of the CSE Delivery Plan.

9.9 Engaging with all voluntary, private, independent sectors working with children and young people

A particular challenge for the SSCB is to engage effectively with sectors containing a number of relatively independent agencies (eg Schools, Voluntary/Community/Faith organisations, General Practitioners). This is undertaken in a variety of ways in 2015-2016 through the Joint Legal Policy and Procedures Sub-Committee as set out below:

- Providing support to the LADO (Local Authority Designated Officer) to work on the development of links and guidance for Mosques in Sunderland
- Approve Other Organisations Safeguarding Policies to ensure these meet the minimum standards expected by SSCB - Number of policies approved = 9 ie – Sunderland Children's Homes, Chungdokwan Wessington, Grass Roots UK, Grace House, Sunderland Care and Support, Swiis Foster Care, Sunderland GP Practices, Virtual School, Little Learners Day Nursery

9.10 Development of Effective Partnership Working

The first responsibility of an LSCB is to coordinate local work to safeguard children and young people and promote their welfare. This includes at both strategic and operational level. However there are other partnerships in Sunderland that also work towards safeguarding children and young people in innovative ways as set out below:

9.11 Multi-Agency Looked After Partnership (MALAP) led by Sunderland Children's Services

The MALAP was re-established in 2015 following the Ofsted inspection. The MALAP has representation from key partners involved with Looked After Children. This group provides strategic oversight and scrutiny of services and performance for Looked After Children.

9.12 Multi Agency Tasking and Coordinating (MATAC) group

The MATAC is a Northumbria Police Innovation Funded project on domestic abuse serial perpetrator interventions which will start in Sunderland in June 2016. The Multi-Agency Tasking and Co-ordinating (MATAC) group considers serial domestic abuse perpetrators aged 18 or over, have been in one or more domestic abuse incidents; and have perpetrated against two or more different victims which can include partners/ex-partners, familial relationships and non-violent incidents over the last 3 years.

9.13 The perpetrators are identified by the Police MATAC Analyst using a Recency, Frequency, Gravity (RFG) methodology. A domestic abuse perpetrator toolkit is used to

guide discussion around the most effective tactics to be deployed. If the perpetrator is engaging, this could include a referral to a voluntary perpetrator programme; engagement with substance misuse services; mental health support; etc. If the perpetrator is non-engaging (which is more common) then options are more focused around disruption and enforcement e.g. restraining orders, etc. The safety of the victim is also considered carefully, and it is partly because of this reason that the proposal was to set up a multi-agency response so that a holistic approach can be taken.

9.14 The effectiveness of the MATAC arrangements will be evaluated by Northumbria University and this evaluation includes MATAC alongside other elements such as the roll out of the domestic abuse perpetrator programmes across the force area including children's workers.

9.15 BIG Domestic Abuse Perpetrator Programme

This programme was launched in April 2015 for 3 years and it is a voluntary programme for male domestic abuse perpetrators who want to change their behaviour. It is a partnership Project signed up to by partners including Barnardo's and Wearside Women in Need. The core group work is a rolling programme which men enter after completing the one-to-one assessment sessions and pre-group work. Further funding is being sought to continue with the programme.

9.16 Team Sanctuary South

Team Sanctuary South was a newly established response to tackling sexual exploitation across Sunderland, South Tyneside and Gateshead in place from April 2016. This new multi-agency police-led team investigates sexual exploitation in the South of Tyne area and ensures that appropriate support is in place. The team is based in Washington, Tyne and Wear and social workers from the 3 areas have been seconded to the team. In addition there are also 27 police officers, an analyst and health professionals plus input from Barnardo's, the Children's Society, Changing Lives and Bright Futures. This follows on from the establishment of the Team Sanctuary North which was established from April 2015 in the North of Tyne area which came about from the police Operation Sanctuary investigation into sexual exploitation in Newcastle. Reports on the progress and achievements of the team will be provided to the SSCB on a regular basis

9.17 Operation Encompass

Operation Encompass is a new innovative project which Northumbria Police is running in partnership with schools in Gateshead and South Tyneside and it will be rolled out to the other 4 Local Authority areas Northumbria Police cover, including Sunderland during 2016. The project aims to safeguard and support children and young people who are involved in, or affected by, incidents involving domestic abuse.

9.18 The project works by a specialist officer reviewing all violent or abusive incidents that would indicate domestic abuse. Where there are incidents involving children living at home aged between 4 and 16 years old, the school that the child or young person attends will be contacted and information will be passed to the key adult in the school. The staff in contact with those pupils will then be in an informed position to support them in a way that is right for that child.

9.19 SSCB multi-agency training pool

The SSCB training programme is delivered by a mix of safeguarding trainers from members of Board partner agencies and specialist trainers. Due to organisational

restructures the multi-agency training pool reduced in size, resulting in the training offer being redesigned.

9.20 SSCB multi-agency audit group

The SSCB recruited a number of auditors at practitioner, front line and strategic manager level to undertake multi-agency audits. An Audit Cycle was developed for 2015 – 2016 with guidance and templates for the auditors to use. There has been a significant delay in the audit cycle being implemented in 2015 – 2016. This was partially due to the lack of leadership for the auditors and partially the reluctance of auditors to engage. In response to this delay a new strategic lead has been appointed and a new cycle has been developed for 2016 – 2017.

9.21 The audits are identified from serious case reviews, presenting issues as they evolve etc and auditors are identified by agency leads

9.22 Carrying out the work of the Board through the Annual Business Plan

Work progressed in 2015-2016 includes:

- The development and dissemination of the Early Help approach, including Your Guide to Strengthening Families
- The following procedures were also updated:
 - Referral, Investigation and Assessment
 - Paediatric Assessment and Medical Treatment
 - Child Protection Conferences and Child Protection Plans
 - Complex (Organised and Multiple) Abuse
 - Deliberate Self-Harm and Suicide
 - Honour Based Violence
 - Female Genital Mutilation
 - MARAC
 - Joint Guidance for the Supervision or Restriction of Parental/Carer Contact to Babies and Children Admitted to Paediatric Wards where there is Actual or Suspected Deliberate Harm to a Child
 - Child Death Review Process (including Unexpected Death of a Child)
 - The development of a new SSCB Escalation and Challenge Protocol

9.23 Areas identified as requiring further action in 2016-2017 include:

- Developing and embedding overarching Safeguarding Practice Guidance (to include Neglect, Risk Taking Behaviour and the Toxic Trio)
- Refreshing the overarching Information Sharing Protocol in collaboration with LSCB partners
- With changes in National Guidance and local issues look towards moving to sub-regional procedures (with Gateshead and South Tyneside)

9.24 SSCB Budget (2015-2016) – Financial Outturn

Appendix 5 provides the budget breakdown and the outturn position for the 2015-2016 financial year. In line with previous projections, the outturn shows a deficit position of £49,532 due to expenses incurred when carrying out Serious Case Reviews during the year.

£49,432 in SSCB reserves will be appropriated in order to deliver a balanced budget outturn and following the appropriation of reserves there will be a nil balance on the SSCB Reserve moving into the 2016-2017 financial year.

The budget and contributions for 2015-2016 and outline of the staffing structure is attached as Appendix 5.

9.25 Development of Effective multi-agency procedures

The SSCB worked with the LSCBs from two local areas to move to a sub-regional procedure arrangement. This was seen as a positive way forward for children and young people as often our children move across boundaries whether through a transient family lifestyle, planned move with their family, through foster or adoptive placements or through risk taking behaviour. In these situations the response from practitioners are then the same regardless of which of the 3 areas the children, young people or family and practitioners are in. Procedures/protocols updated and strengthened include:

- Unborn baby
- Female Genital Mutilation
- Prevent
- Early Help Strategy and Threshold Guidance
- CSE procedures
- Children missing

9.26 Holding partners to account for safeguarding arrangements and practice

The SSCB undertook a Section 11 Audit monitoring partner compliance with the statutory requirement to have effective safeguarding arrangements in place (S11 of the Children Act 2004). The analysis of this exercise is outlined below, alongside the analysis of the Section 11 audits for 2015 – 2016.

Agency	Level of compliance with S11	Level of Assurance
Northumberland Tyne & Wear NHS Foundation Trust	Substantial evidence of compliance	Strong degree of assurance
Sunderland CCG	Substantial evidence of compliance	Strong degree of assurance
City Hospitals Sunderland	Substantial evidence of compliance	Strong degree of assurance
Children's Social Care	Some evidence of compliance	Weak degree of assurance
Northumbria Police	Evidence of compliance provided	Strong degree of assurance
South Tyneside NHS Foundation Trust	Evidence of compliance provided	No response received
Sunderland College	Substantial evidence of compliance provided	Medium degree of assurance
Tyne and Wear Fire and Rescue Service	Evidence of compliance provided	Medium degree of assurance
Gentoo	Substantial evidence of compliance provided	Strong degree of assurance
National Probation Service	Evidence of compliance provided	Medium degree of assurance

Agency	Level of compliance with S11	Level of Assurance
Turning Point	Evidence of compliance provided	N/A
Youth Offending Service	Evidence of compliance provided	Strong degree of assurance
NHS England	N/A	Medium degree of assurance
Cafcass	Evidence of compliance provided	Medium degree of assurance
NEAS	Evidence of compliance provided	Strong degree of assurance
Northumbria CRC	Not provided	No assurance

9.27 How has the LSCB promoted a shared culture of Continuous Improvement?

The SSCB has Learning and Improvement Framework and a Performance and Quality Assurance Framework which set out the way in which the Board will promote a culture of continuous improvement. In 2015-2016 the Board progressed a number of learning and improvement activities and whilst there has been progress there remain challenges around embedding this approach into the culture and practice of the children's workforce in Sunderland. The Board has:

- Used the Section 11 audit to better understand the single agency learning and improvement systems in place across its partner agencies to assure itself that these are in place and are adequate – a further review of this will be undertaken in 2016-2017
- Disseminated learning through training, conferences, briefings, tools, workshops etc
- Provided challenge to agencies who have not taken on board the learning from cases/audits etc

This is a further area for development for the Board going forward into 2016-2017.

9.28 Responding to Child Deaths

9.29 The Child Death Overview Panel (CDOP)

CDOP have undertaken an analysis of the 56 review of deaths of children under 1 year old completed within 2013-2016. 61% of these deaths were of children born prematurely (before 37 weeks gestation) and CDOP identified modifiable factors as being present in 21% of the reviews completed. Among the issues identified by the reviews were parental smoking (21% of cases), high/very high maternal BMI (9%) and consanguinity (5%). Issues around the availability of local specialist neonatal beds were also highlighted in 9% of cases. SOTW CDOP identified 'modifiable factors'²⁴ in 17% of all completed cases.

9.30 Responding to unexpected deaths

The highest percentage of cases with modifiable factors present was within the Sudden Unexpected Deaths category with 59% of deaths having modifiable factors present. Deliberately inflicted injury, abuse or neglect is next highest at 50%, but there have been

²⁴ Modifiable factors are defined as 'one or more factors, in any domain, which may have contributed to the death of the child and which, by means of locally or nationally achievable interventions, could be modified to reduce the risk of future child deaths'.

less than 5 deaths in this category during 2008-16.

9.31 The CDOP Annual Report identifies areas for improvements where modifiable factors are present. The CDOP Annual Report 2015 – 2016 can be found at SunderlandSCB.com

9.32 Serious Case Reviews

In 2015-2016 the Learning and Improvement in Practice subcommittee met on 4 occasions as a subcommittee but met on numerous other times as SCR Review Teams to progress the SCRs undertaken in 2015-2016. There were 4 SCRs commissioned by the SSCB Chair during that time. In addition, 2 SCRS were published and others that had been commissioned were delayed due to a number of external factors such as coronial and/or criminal proceedings.

9.33 The SSCB has progressed significantly in developing and implementing its chosen model for SCRs, that is, a SCIE hybrid model where the engagement of the practitioners involved with the family form the key element of the process and they also have significant involvement in identifying the areas for improvement. This progress was recognised by Ofsted who found that the SSCB, in response to the unusually high number of (SCRs, the Board's Learning and Improvement sub-committee streamlined and refined its processes to cope with demand. As a result, it demonstrates improved, decision making, agenda planning, and tracking to ensure that SCRs are completed to their terms of reference.

9.34 Communicating and Raising Awareness

A central part of the leadership role of the SSCB is to ensure that key safeguarding messages and emerging lessons from its activity are disseminated quickly and effectively across the partnership so that front-line staff can act on them, develop their practice and multi-agency working accordingly and improve outcomes for children and young people.

9.35 Whilst the Business Unit underpins and coordinates communication between the components of the Board, the Joint SSCB/SSAB Communication and Engagement Sub-Committee leads and shapes the dissemination of the work of the Board across the partnership via the SSCB website.

In 2015-2016 the Sub-Committee progressed the following:

- Delivered the Annual Whole Family Conference to 146 delegates which evaluated very positively
- Developed a 'Safeguarding Leaflet' for both Children and Adults

The Sub-Committee has identified the following areas for work in 2016-2017:

- To develop a Communications and Engagement Strategy to evaluate the impact of communication activity undertaken by the Board and its partners
- To build on current campaigns about child sexual exploitation and include the related issue of children and young people who go missing
- Plan Annual Whole Family Conference

9.36 Delivery, Co-ordination and Assessment of Single and Multi-Agency Training

Ensuring that the workforce and volunteers across the partnership are suitably knowledgeable and competent in undertaking safeguarding tasks is a significant contributory factor in children and young people receiving timely, high quality effective services that keep them safe and improve outcomes for them. Learning and development/

training events are central to developing skills, ensuring up-to-date knowledge of policies, procedures and guidance, and incorporating lessons learnt from reviews and audits into practice.

- 9.37** The Joint SSCB/SSAB Training and Workforce Development Sub-Committee oversee the co-ordination and delivery of the SSCB Training Offer which comprises core and additional specialist multi-agency courses, briefings, workshops and conferences. In addition it undertakes a quality assurance function in respect of safeguarding training delivered 'in house' by partners and of the delivery through the trainer's pool of the SSCB training programme.
- 9.38** Overall 1,289 delegates attended SSCB training in 2015-2016. There has been good representation of agencies across the partnership, with education colleagues attending the most events with 29% of places, Health 21%, the voluntary sector at 19%, the Social Work Service 13% and Early Intervention Services 12%.
- 9.39** Feedback and evaluations from participants remain very positive with 100% of delegates strongly agreeing/agreeing that their learning outcomes had been met and 97% of delegates agreed that the training provided would be of practical use to them in their role
- 9.40** In July 2015 Ofsted commented that the "Board arrangements for training are stronger than the Board's other statutory functions. A joint committee with the adult safeguarding board oversees the training programme, although this arrangement is recent and proposals for the identification, planning and delivery of joint training are new. Training is administered and delivered by a dedicated Board Training Officer supported by a training pool drawn from the board's partner agencies". Ofsted recognised that the Board's training budget is under considerable demands by work arising from the high number of SCRs.
- 9.41** Ofsted also highlighted that Children's Services staff had the lowest attendance record, in particular, social workers, at SSCB training concluding "This means that partners cannot be assured that the messages from Board processes such as SCRs are being heard by frontline workers from the lead agency".
- 9.42** The SSCB also provides free e-learning courses to the workforce, the number of e-learning courses completed totalled 4,541 for the year (see SSCB Training Annual Report 2015-2016 for breakdown)
- 9.43** The challenges around workforce development identified by the subcommittee for the whole children's workforce identified for 2016-2017 include:
- Improving and strengthening the evaluation process to capture the impact of training on practice and outcomes for children and young people
 - Maintaining an effective multi-agency trainers pool
 - Neglect Strategy/Graded Care Profile training to be commissioned
 - S47 training – Task and Finish Group to develop course for roll out in Sunderland
 - Raising a Professional Challenge – Task and Finish Group to develop course for roll out in Sunderland
 - Risk Taking Behaviour – Joint SSCB/SSAB Training and Workforce Development Sub-Committee to identify and commission provider
 - The Impact of Substance Misuse on Parenting Capacity Training

9.44 Although the SSCB co-ordinates the delivery of a comprehensive programme of multi-agency training, the bulk of safeguarding training is delivered 'in house' by partners through a mixture of face to face and on line approaches.

9.45 The impact of Learning and Improvement activity - summary of lessons learnt, actions taken and contribution made to improvements

The SSCB has considered learning from SCRs, Learning Reviews, inspections etc and tried to embed the learning across the safeguarding children partnership but there has been some challenge to this. The SSCB has had a number of serious case reviews since May 2013 which generally cover the same period of multi and single agency practice therefore the same lessons have been identified from the SCRs. In addition, due to the volume of SCRs there has been a delay in completion and it has therefore appeared that the learning from the SCRs has not been embedded across the partnership. In addition, there has been a significant level of staffing changes in Children's Services at frontline and management levels with many temporary staff which has again reduced the opportunity to embed the learning across this workforce. Whilst there is evidence of this lack of embedding it is important to remember that there have been improvements in practice and that there have been no further cases meeting the criteria for SCR since July 2015.

9.46 As a consequence of this, the SSCB commissioned, with the support of the interim Director of Children's Social Care at the time, an independent academic to undertake 2 thematic reviews for babies and teenagers as these were the core foundation of the children who had been subject to the SCRs. The thematic reviews were to pull the learning together to support the Board to better embed the learning from these reviews. These reviews will be published alongside the SCR reports in 2016.

9.47 The SSCB has been delivering the lessons learned from SCRs and other reviews through multi-agency workshops and developed tools and guides to aid this learning. All learning has also been added to multi-agency training delivered by the SSCB. In addition, the SSCB has monitored the implementation of single agency action plans and evidence of impact of the learning is required to be reported to the SSCB so that this can be added to all published SCRs. The audit cycle 2016-2017 will have some focus on measuring the impact of this learning on multi-agency practice.

9.48 How well has the SSCB progressed its objectives and met its statutory responsibilities?

9.49 The Annual Review Process

The annual review process is not fully established across the SSCB which has made it challenging to complete the SSCB Annual Report for 2015-2016.

9.50 The Independent LSCB Chair

Colin Morris was the Chair of both the LSCB and the SAB throughout April 2015 – March 2016. The appointment of the same Chair for both Boards was agreed with a view to strengthening a 'whole family' approach. The Chair's appointment was a temporary appointment and the Chair resigned in March 2016. In July 2015, Ofsted stated that the Independent Chair now has the confidence and trust of board members in what is a very testing environment for effective partnership working; they describe him as, 'inclusive, engaging and committed to change'. His position as Independent Chair of the SSAB has

led to better integration with adult safeguarding matters and the promotion of a 'think family' approach.

9.51 Self-assessment of the performance of the Board

In May 2015, the SSCB was inspected by Ofsted as part of the Inspection of services for children in need of help and protection; children looked after and care leavers. The report was published in July 2015. The LSCB was graded as inadequate and Ofsted stated that the arrangements in place to evaluate the effectiveness of what is done by the authority and board partners to safeguard and promote the welfare of children are inadequate which clearly evidences that the Board had not met its statutory responsibilities with the report highlighting that the steps taken from September 2014 to restructure and reinvigorate the Board have not yet had time to achieve the desired effect.

9.52 In addition, the Board had not provided sufficient leadership and coordination with regard to key priorities including children who may be at risk of sexual exploitation, those who go missing and those who live in homes where domestic abuse is a problem. Ofsted advised that relationships with other statutory boards were unclear until the implementation of the recently developed Framework of Cooperation across the SSC, Adult Board, Health and Wellbeing Board and Safer Sunderland Partnership. There was a lack of clear understanding of the quality of services across the partnership, and Board members were unable to articulate the impact of any development activity. The Board was also seen as too process focussed rather than having a focus on improving outcomes for children. Ofsted set out 7 areas for improvement:

1. Ensure full Board approval of agreed priorities and action planning
2. Ensure that the Board is able to effectively monitor the quality and impact of services for children across the partnership
3. Accelerate implementation of an early help strategy, ensuring that it is consistent with the 'multi-agency threshold guidance' document and then monitor its effectiveness
4. Review multi-agency training to ensure it supports and promotes front line practice and is able to respond to demand following the imminent publication of a high number of Serious Case Reviews (SCRs); then ensure lessons are learnt and improvements embedded
5. Agree with partner local authorities on Child Death Overview Panel (CDOP), a coordinated response to the high number of SCRs awaiting publication
6. Ensure that multi-agency arrangements for the oversight of children missing and at risk of sexual exploitation or trafficking are driven by effective information sharing, performance monitoring, and action planning and are strategically coordinated and monitored by the Board
7. Review the resources available to undertake the governance of Multi-Agency Looked After Partnership (MALAP) to ensure a sufficient focus

9.54 Diagnostic Self-assessment

A new Interim Chair was appointed in April 2016 and they supported the Board to undertake a diagnostic self-assessment. All Board and subcommittee members were asked to assess the partnership functioning against the Ofsted criteria for an LSCB. The self-assessment had a poor response rate at 23% of those who were requested to respond, however the proposals for SSCB transformation were progressed to avoid undue delay. Some of the findings of the self-assessment were:

- 17% of respondents agreed that the SSCB governance arrangements enable LSCB partners to assess whether they are fulfilling their statutory responsibilities to help (including early help), protect and care for children and young people and that partners hold each other to account for their contribution to the safety and protection of children and young people
- 21% agreed that safeguarding is a priority for all of the statutory LSCB members and this is demonstrable, such as through effective section 11 audits
- 13% agreed that the LSCB is an active and influential participant in informing and planning services for children, young people and families in Sunderland and draws on its assessments of the effectiveness of multi-agency practice

The interim Chair reviewed the findings of the self-assessment and using other tools and methods concluded that:

- The Board has made progress in the last year and has some strengths to build
- There has been change and improvement, particularly in terms of CSE, but the Board lacks impact or effectiveness
- There has been a lot of hard work and high levels of commitment from some key players but the Board is at times incoherent, unfocused and overburdened by process
- The Board has made progress but is still not able to effectively scrutinise safeguarding practice “Consequently the SSCB needs focus, direction, simplicity and drive, led by a strong Chair”.

9.55 Independent Review of SSCB

The Children's Commissioner, Nick Whitfield, appointed Jane Held as an Interim SSCB Chair following the resignation of the previous Chair. Jane will join the SSCB from April 2016 with the key purpose of improving the effectiveness of the SSCB.

9.56 The Children's Commissioner decided to implement a review of the SSCB following the resignation of the SSCB Chair in March 2016. At the same time, the newly appointed interim SSCB Chair, Jane Held undertook a Diagnostic Assessment of the Board. The findings of both of these reviews taken alongside other evidence have contributed to the Annual Report.

9.57 The review commissioned by the Children's Commissioner was undertaken by the Independent LSCB Chair for the London Borough (LB) of Richmond and the LB of Kingston and it was undertaken as a desktop review of all SSCB minutes (Main board and all subgroups) from April 2015 to May 2016. This review concluded that, since the Ofsted inspection in 2015:

- The Board has some strengths to build on
- There is some evidence of improvement especially the work of the Executive Group, the MSET and the Quality Assurance Sub committees
- Real progress had been made in implementing the SSCB Ofsted improvement plan
- Good engagement of partners particularly, from the health economy and police
- Each Board priority has a strategic lead
- Overall progress is slow, lacking focus and negatively impacted on by process and a number of plans that appear unconnected
- The SSCB is not clearly articulating the safeguarding risks to children across the City nor showing the leadership as a partnership in addressing these

- There was little evidence of the voice of the child
- The real opportunities to work collaboratively with adult services on a shared 'See the Adult See the Child' agenda are lost even though the 'toxic trio' is an SSCB priority and there are 3 joint sub committees but the 3 joint adult/child sub committees report the worst attendance from across both partnerships.

The findings of these reports have been used to develop proposals for the transformation of the SSCB.

9.58 Summary of progress to address Strategic Objectives and specific challenges set for 2015-2016

9.59 This section uses the framework of the LSCB Business Plan to summarise progress made and areas identified for improvement. (See Appendix 11 – Performance Scorecards and Appendix 19 – Progress against LSCB Challenges 2014-2015).

9.60 It is important to highlight that progress against all elements of the Business Plan has been negatively impacted on by the high level of serious case reviews and frequent changes in staff within children services.

9.61 The LSCB adopted a Learning and Improvement Framework in 2012 and has used this to underpin and drive a partnership commitment to continuous improvement.

9.62 How effective is the LSCB?

Sections 7 & 9 outline the work undertaken by the Board, sub committees and partners in 2015-2016 and in evaluating the Board's effectiveness in discharging its statutory responsibilities and undertaking its core functions it is helpful to consider 3 questions:

- Are we making sufficient progress?
- What impact is the Board having?
- What are the emerging challenges for 2016-2017?

9.63 Are we making sufficient progress?

The Board monitors progress against its objectives and responsibilities using a variety of methods.

9.64 The Board has made considerable progress despite multiple challenges over the 2015/16 year. The Ofsted Inspection recognised that the Board was aware of the issues and shortfalls in its effectiveness, and that the governance review and new arrangements were designed to address them but that it was too early to establish whether the changes were making the desired difference.

9.65 The Board's priorities during the year 2015/16 were set out in the SSCB Business Plan 2014-2018 and comprised 3 high level priorities, each with 3 objectives that the plan aims to achieve. The Board also responded to a range of new Government requirements, policies and priorities during the year as outlined earlier in the report.

9.66 The Diagnostic Review and the Independent paper review undertaken of the Board have found a lot had been done and plans had been completed but a focus on process diverted attention from the more fundamental changes required in culture, partnership

engagement and commitment, understanding and impact on practice. As a consequence insufficient progress had been made in achieving effective improvement

9.67 Issues and developments for partner agencies during 2015/16 as well as the activity of the Board in 2015/2016 are set out in Sections 7 and 9 of this Report.

9.68 What Impact is the Board having?

- How much have we done?
- How well did we do it?
- What difference has it made?

This section uses the framework of the SSCB Business Plan and the SSCB Ofsted Improvement Plan to assess the difference that has been made through the work of the Board in 2014-2015.

9.69 SSCB Business Plan High Level Priority (1) – Toxic Trio

9.70 The following has been progressed from this element of the SSCB Business Plan:

- SSCB Quality Assurance and Performance Framework agreed at Board in July 2015
- SSCB Data set proposal and reporting cycle to SSCB agreed
- SSCB Early Help Strategy and SSCB Thresholds Guidance agreed at SSCB in July 2015
- Led on key initiatives such as the Early Help Strategy being implemented from November 2015
- Started work to Commission a piece of work from Public Health & others regarding child poverty data, impact of welfare reforms etc

9.71 Further work is required to achieve the following:

- Finalise extended dataset for Toxic Trio
- Approve and launch Toxic Trio strategy and guidelines
- Develop Toxic Trio Workforce Development programme to include multi-agency training focussing on thresholds, intervention and planning

9.72 High Level Priority (2) – Neglect

9.73 The following has been progressed from this element of the SSCB Business Plan:

- SSCB Quality Assurance and Performance Framework agreed at Board in July 2015
- Neglect audits complete and accepted at Quality Assurance subcommittee March 2016
- SSCB Data set proposal and reporting cycle to SSCB agreed
- Draft generic information leaflet (including neglect) developed
- Started work to Commission a piece of work from Public Health & others regarding child poverty data, impact of welfare reforms etc
- Led on key initiatives such as Early Help Strategy being implemented from November 2015

- Draft Neglect Strategy/guidelines developed and agreed at SSCB Executive in March 2016

9.74 Further work is required to achieve the following:

- Finalise extended dataset for neglect
- Approve and launch neglect strategy and guidelines and implement Graded Care Profile and deliver GCP training to embed strategy and guidelines in practice
- Develop Neglect Workforce Development programme to include multi-agency training focussing on thresholds, intervention and planning

9.75 High Level Priority (3) – Risk Taking Behaviour

9.76 The following has been progressed from this element of the SSCB Business Plan:

- SSCB Quality Assurance and Performance Framework agreed at Board in July 2015
- SSCB Data set proposal and reporting cycle to SSCB agreed
- SSCB Early Help Strategy and SSCB Thresholds Guidance agreed at SSCB in July 2015
- Led key initiatives across the partnership for example, Early Help Strategy being implemented from November 2015 and implemented CSE Strategy
- Started work to Commission a piece of work from Public Health & others regarding child poverty data, impact of welfare reforms etc
- Finalise extended dataset for MSET
- Developed and implemented CSE Risk Assessment Tool
- Reviewed and strengthened MSET Operational Group and MSET Sub committee

9.77 Further work is required to achieve the following:

- Strengthen the use of extended dataset for MSET for future planning for services
- Develop MSET Workforce Development programme to include multi-agency training focussing on thresholds, intervention and planning

9.78 SSCB Ofsted Improvement Plan

This plan has been implemented through 2015-2016 and all actions outlined below are now complete.

- Ensured full Board approval of agreed priorities and action planning
- Ensured that the board is able to effectively monitor the quality and impact of services for children across the partnership through the implementation of the SSCB Performance and Quality Assurance Framework approved in July 2015
- Accelerated implementation of an early help strategy
- Reviewed and updated multi-agency training to support and promote front line practice and respond to demand following publication of a high number of Serious Case Reviews (SCRs); then ensure lessons are learnt and improvements embedded
- Agreed with partner local authorities on Child Death Overview Panel (CDOP), a coordinated response to the high number of SCR's awaiting publication
- Reviewed and strengthened multi-agency arrangements for the oversight of children missing and at risk of sexual exploitation or trafficking
- Put MALAP back to Children's Services to lead but ensured robust oversight and scrutiny of this partnership arrangement

9.79 Overall effectiveness

The annual review process is not fully established across the SSCB which has made it challenging to complete the SSCB Annual Report for 2015-2016. Arrangements are in place for this to be more robust in 2016-2017.

9.80 What are the emerging challenges for the LSCB in 2016-2017?

The emerging challenges for the Board for 2016-2017 have derived from a number of sources including a review of the progress of the business plan, Ofsted improvement plan and the learning from SCRs.

9.81 The Board needs to better understand its population and the children and young people it serves and this can be achieved through a robust evidence based understanding of:

- The safeguarding needs of children and young people in Sunderland
- The impact of current future austerity measures on the children's and adults workforce
- The impact of its work on improving outcomes for children and young people

9.82 Areas for improvement for the partnership are:

- Engaging with children and young people and hearing their voice
- Engagement with Schools and education facilities
- Continue to strengthen the multi-agency response to children who go missing, are sexually exploited and trafficked and ensure smooth transitions in service when they reach adulthood
- Improve the quality and impact of plans for children
- Demonstrate that we are all making a difference to children's lives in Sunderland

9.83 Areas for improvement for the SSCB are:

- Taking a clear leadership role in the safeguarding system
- Strengthening its assurance role to hold partners to account for their role in safeguarding children and improving outcomes

10.0 Challenges for 2016-2017

The SSCB Annual Report has identified a number of challenges for the SSCB but also for other strategic bodies across Sunderland. These challenges are outlined below.

10.1 Challenges to Strategic Bodies for 2016-2017

As part of the review of the SSCB a 'Framework of Cooperation' was developed between the SSCB and other key partnership boards. The Framework is intended to clarify the statutory, independent and complementary roles and responsibilities of the Sunderland Safeguarding Children Board (SSCB), Sunderland Safeguarding Adults Board (SSAB) and the Health and Wellbeing Board (HWBB). It sets out the opportunities available to work together and add value to each other's work.

10.2 The Framework was written in the context of the following requirements for each partnership however, the Framework does not preclude any of the 3 Boards working with any other local, regional or national organisations to deliver these aims

- Working Together 2015 that 'the LSCB should work with the Health and Wellbeing Board, informing and drawing on the Joint Strategic Needs Assessment'
- Ofsted requirement that 'governance arrangements enable Local Safeguarding Children Board partners (including the Health and Wellbeing Board ...) to assess whether they are fulfilling their statutory responsibilities to help (including early help), protect and care for children and young people'
- Care Act Guidance states that a copy of the Sunderland Safeguarding Adults Board Annual Report must be sent to the Chair of the Health and Wellbeing Board
- Health and Wellbeing Board plays a key role in the assurance and accountability of SSAB and local safeguarding measures, by ensuring strong partnership working and that the needs and views of local communities are represented
- It is crucial that all bodies hold each other to account for the work undertaken to safeguard and promote the welfare of children, young people and adults at risk of abuse or neglect across Sunderland

10.3 The SSCB is making the following challenges to Strategic Bodies in Sunderland for 2016-2017 as outlined below:

10.4 To the Statutory Improvement Board

- Strengthen reporting of progress to the SSCB
- Review and update the Framework of Cooperation to reflect the involvement of all key partnerships

10.5 To the Children's Trust Board or equivalent

- Review and either reinvigorate the lapsed Children's Trust Board arrangements or develop a new strategic partnership to replace the Trust arrangements and reinvigorate/redevelop the CYPP
- Launch and embed the CYPP
- Provide regular reports to the SSCB on the progress of the CYPP and evidence what impact it is having on outcomes for children and young people in Sunderland
- Review and update the Framework of Cooperation to reflect the involvement of all key partnerships

10.6 To the Health and Wellbeing Board

- Refresh the JSNA including the safeguarding children element with input from the SSCB
- Provide more robust scrutiny of the SSCB and its work
- Review and update the Framework of Cooperation to reflect the involvement of all key partnerships

10.7 To Sunderland Safeguarding Adult Board

- Review and update the Framework of Cooperation to reflect the involvement of all key partnerships

10.8 Challenges the SSCB is setting itself for 2016-17

The SSCB has a number of challenges going forward into 2016-2017 as outlined below:

- Strengthen the leadership role across the safeguarding system
- Strengthen our engagement with children, young people, their families and communities across the city
- Improve the pace of implementing the SSCB Business Plan 2014-2018 and measure the impact of this work
- Improve the pace of implementing the final actions from the SSCB Ofsted improvement Plan and measure the impact of this work
- Embed the learning from the SCRs undertaken in Sunderland since 2013
- Develop and implement the SSCB Audit Cycle 2016-2017
- Strengthen the quality assurance of the impact of training on practitioners and managers

11. Conclusions

A review of the information and intelligence considered by the SSCB throughout 2015-2016 and analysed through the annual review process suggests that overall the direction of travel is appropriate, and progress is being made to realise partnership objectives and that change is being managed carefully and safely.

12. Sufficiency Statement by SSCB Interim Chair

2015/16 was a very difficult year. The impact of having poor quality services was deep rooted and the Ofsted Inspection had a secondary impact which further destabilised an already precarious situation. The initial response to Ofsted, including major churn in senior leaders, and an appetite for quick wins under pressure meant the rest of the year was not particularly productive in terms of real improvements to services. The Board underwent significant change, restructuring, a new Chair and new ways of working were all preoccupations during the latter part of the year. In addition the insecurity generated, plus the anxiety that poor practice should not go unchallenged meant a very significant number of SCRs were commissioned – disproportionate to the size of the City or the Board. Undertaking these reviews distracted from and undermined any attempt to systematically address the issues that had led to the Board's ineffectiveness in the first place, and created stasis as far as any improvement journey was concerned. Business unit staff resources were overstretched, hugely committed though they were and partner relationships on the Board were poor. As a consequence it is my view as the interim chair, looking back at the preceding year through this report, that there was insufficient focus on effectiveness, and that arrangements were still not adequate in terms of ensuring the children of the city were safeguarded adequately. By the end of 2015/16 there were indicators that the system was beginning to stabilise, key decisions about the shape of services made, and some signs on improved inter-agency relationships, and the Board could demonstrate some good work that was having an impact on the effectiveness of arrangements.

Appendix 1:	Glossary for all appendices
Appendix 2:	SSCB Membership
Appendix 3:	SSCB Structure
Appendix 4:	SSCB Performance and Quality score cards 2015-2016
Appendix 5:	SSCB Budget 2015-2016
Appendix 6:	Attendance figures for SSCB and sub committees
Appendix 7:	Glossary of Terms

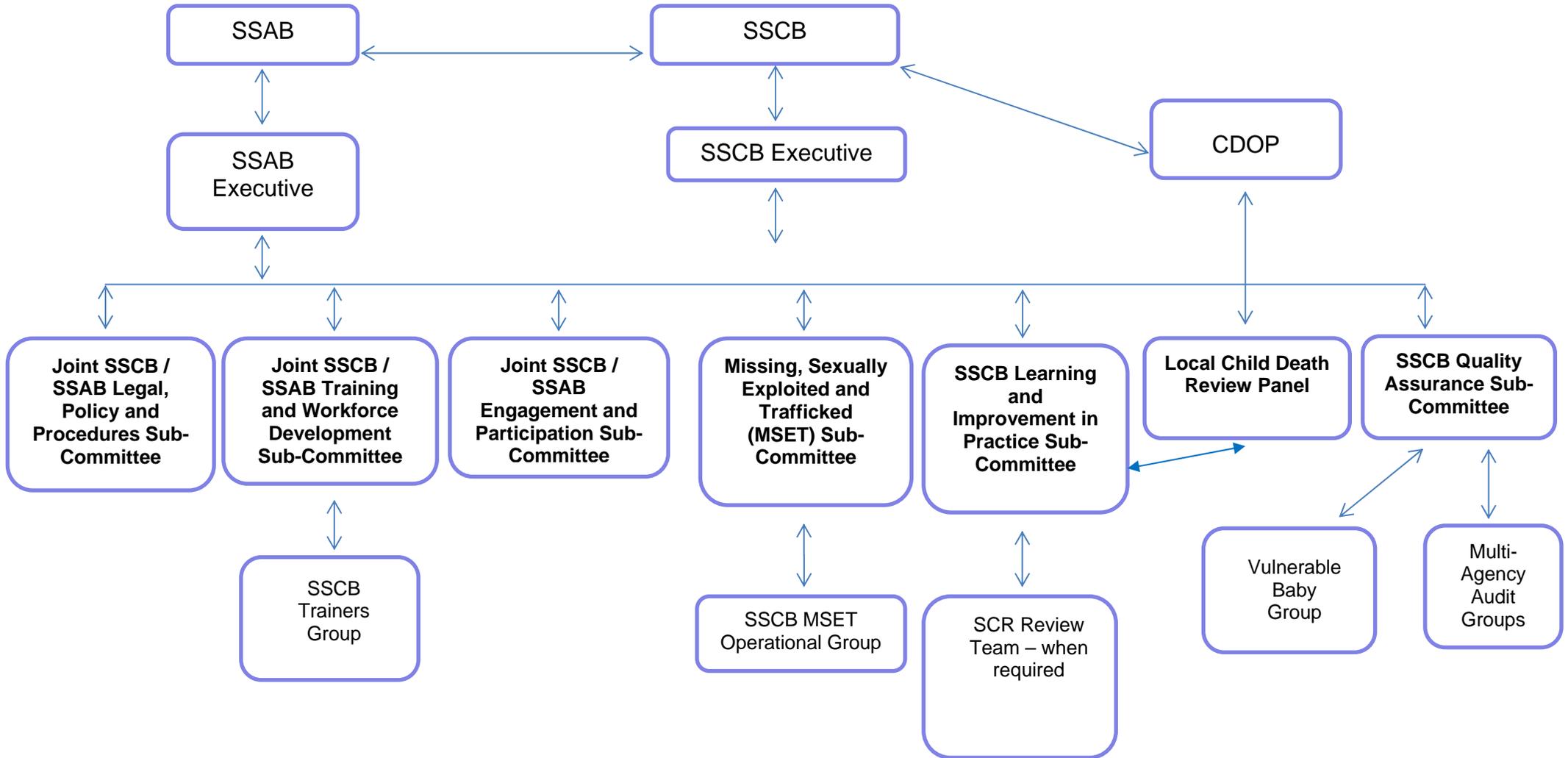
Board Members			
<p>Colin Morris Independent Chair c/o Sunderland Safeguarding Children Board Sandhill Centre Grindon Lane Sunderland SR3 4EN</p>	<p>Sonia Tognarelli Head of Paid Service Sunderland City Council Civic Centre Burdon Road Sunderland SR2 7DN Dave Smith/Neil Revely attended on behalf of the agency</p>	<p>David Gallagher Chief Executive Sunderland NHS Clinical Commissioning Group Pemberton House Colima Avenue Sunderland Enterprise Park Sunderland SR5 3XB</p>	<p>Ken Bremner Chief Executive City Hospitals Sunderland NHS Foundation Trust Kayll Road Sunderland SR4 7TP Melanie Johnson attended on behalf of the agency</p>
<p>Lisa Orchard Detective Superintendent PVP Northumbria Police Middle Engine Lane Police Station North Tyneside NE28 9NR Peter Storey attended on behalf of the agency</p>	<p>John Lawlor Chief Executive Northumberland Tyne & Wear NHS Foundation Trust St Nicholas Hospital Jubilee Road, Gosforth Newcastle upon Tyne NE3 3XT Damian Robinson/Anne Moore attended on behalf of the agency</p>	<p>Steve Williamson Chief Executive South Tyneside District Hospital Harton lane South Shields NE34 0PL Dr Bob Brown attended on behalf of the agency</p>	<p>Lynda Marginson Deputy Director National Probation Service North East Divisional Hub Harcourt House, Chancellor Court 21 The Calls, Leeds LS2 7EH Karin O'Neill attended on behalf of the agency</p>
<p>Nick Hall Northumbria Community Rehabilitation Company Lifton House Eslington Road, Jesmond, Newcastle NE2 4SP Margaret Turner/Bev Familton/Martyn Strike attended on behalf of the agency</p>	<p>Anthony Douglas CAFCASS 3rd Floor 21 Bloomsbury Street London WC1B 3HF Carol Goodman attended on behalf of the agency</p>	<p>Dr Craig Melrose Medical Director for Cumbria & North East NHS England Waterfront 4 Goldcrest Way Newcastle upon Tyne NE15 8NY Alison Smith attended on behalf of the agency</p>	<p>John Craggs Gentoo 2 Emperor Way Doxford International Business Park Sunderland SR3 3XR Michelle Meldrum/Julie Lister attended on behalf of the agency</p>
<p>Tom Capeling Chief Executive Tyne & Wear Fire & Rescue Service</p>	<p>Lord Victor Adebawale Turning Point Standon House 21 Mansell Street</p>	<p>Ellen Thinnesen Principal Sunderland College</p>	<p>Yvonne Ormston North East Ambulance Service NHS</p>

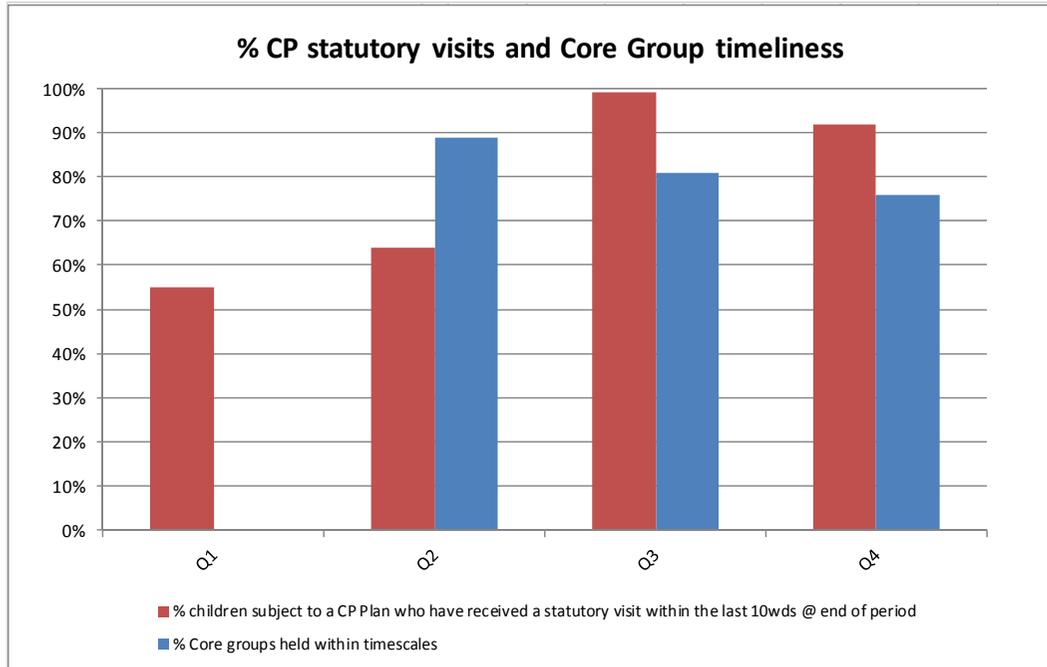
Board Members			
PO Box 1196 Nissan Way Sunderland SR5 3QY Rebecca Robinson/Ian Cuskin attended on behalf of the agency	London E1 8AA Amanda Lacey attended on behalf of the agency	Hylton Centre North Hylton Road, Sunderland SR5 5DB Ann Isherwood attended on behalf of the agency	Foundation Trust Bernicia House Goldcrest Way Newburn Riverside Newcastle NE15 8NY No-one attended
Kevin Morris HealthWatch 112a High Street West Sunderland SR1 1TX	Cllr Pat Smith Lead Member/Participatory Observer Civic Centre Burdon Road Sunderland SR2 7DN	Hazel McGregor Lay Member c/o SSCB Business Unit Sandhill Centre Grindon Lane Sunderland SR3 4EN	

Designated/named professionals/specialist advisors in attendance at Board meetings			
Lynne Thomas SSCB Business Manager SSCB Business Unit Sandhill Centre Grindon Lane Sunderland SR3 4EN	Deanna Lagun Designated Nurse for Safeguarding/Vice Chair Head of Safeguarding, Sunderland NHS Clinical Commissioning Group, Pemberton House, Colima Avenue, Sunderland Enterprise Park, Sunderland SR5 3XB	Dr Kim Barrett Designated Doctor Safeguarding City Hospitals Sunderland NHS Foundation Trust, Niall Quinn Children's Out Patient Dept, Sunderland Royal Hospital, Kayll Road, Sunderland SR4 7TP	Ann Goldsmith Associate Director of Children's Services 3 rd Floor Civic Centre Sunderland SR2 7DN
Dr Carl Harvey Designated Doctor for Child Death City Hospitals Sunderland NHS Foundation Trust Sunderland Royal Hospital Kayll Road Sunderland SR4 7TP	Gillian Gibson Acting Director of Public Health Office of the Chief Executive Room 3.22 – Floor 3 Civic Centre Burdon Road Sunderland SR2 7DN	Louise Hill Head of Youth Offending Service Lambton House 145 High Street West SUNDERLAND SR1 1UW	Beverley Scanlon Schools Advisor Head of Educational Attainment & Lifelong Learning Civic Centre Sunderland SR2 7DN

Designated/named professionals/specialist advisors in attendance at Board meetings			
Joanna Bonar SSCB Legal Advisor Senior Solicitor Commercial & Corporate Services – Law & Governance Civic Centre (Room 3.6) Burdon Road Sunderland SR2 7DN	Graham King Head of Integrated Commissioning Civic Centre Sunderland SR2 7DN	David May SSCB Financial Advisor Sunderland City Council Civic Centre Burdon Road Sunderland	

SSCB Structure

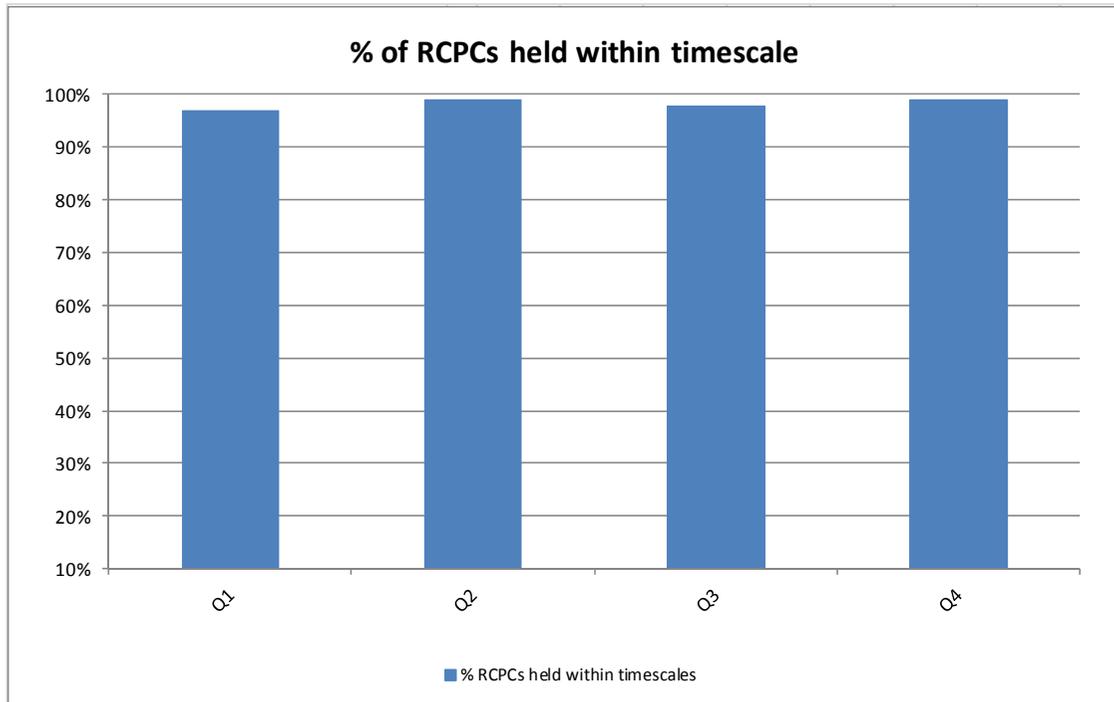




Commentary:
 The timeliness of both CP visits and core groups continue to improve with the highest performance to date seen in April at 96% CP visits in time and 93% of core groups in time.

% CP stat. Visits held on time	12/13	13/14	14/15	YTD 15/16
Outturn	n/ava	n/ava	55%	92%
% Core Groups held on time	12/13	13/14	14/15	YTD 15/16
Outturn	n/ava	n/ava	n/ava	76%

CP Statutory Visits and Core Group timeliness	Q1	Q2	Q3	Q4
% children subject to a CP Plan who have received a statutory visit within the last 10wds @ end of period	55%	64%	99%	92%
% Core groups held within timescales	n/ava	89%	81%	76%



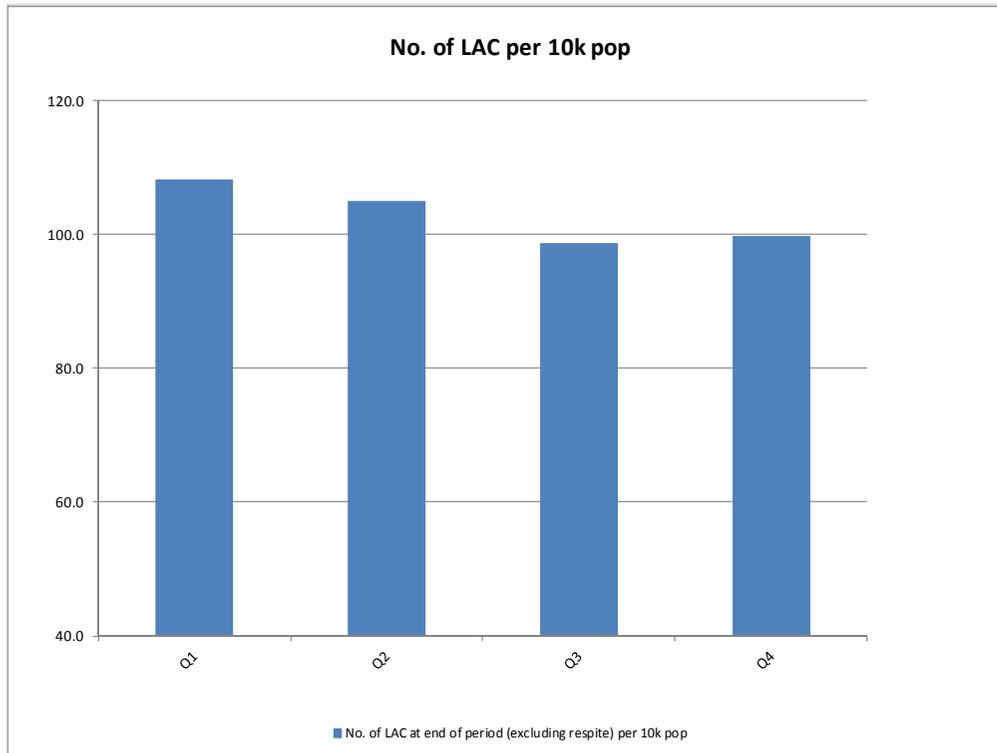
Commentary:

The performance of review child protection conferences continues to be maintained at the end of Q4 with 100% in time in April.

SW reports completed on time remains a challenge.

% of RCPCs held within timescale	12/13	13/14	14/15	YTD 15/16
Outturn	n/ava	n/ava	96%	98%
Nat. Average	96%	95%	n/ava	
SN Average	95%	94%	n/ava	

Review Child Protection Conference activity	Q1	Q2	Q3	Q4
% RCPCs held within timescales	97%	99%	98%	99%
% of partner agency reports completed for RCPC in time	n/ava	n/ava	n/ava	
% attendance of partners at RCPC	n/ava	n/ava	n/ava	
% of SW reports completed for RCPC on time	n/ava	33%	86%	59%



Commentary:

The number of Looked After Children has increased at the end of quarter 3 but reduces in April.

The % of children placed 20 miles outside of the LA boundary has decreased and this is due to the calculation being applied, this is now calculated based on 'as the crow flies'. Backdated calculations will be applied to previous months over the coming weeks.

There percentage of LAC who reside outside of the Local Authority boundaries has increased to 31%, which is 162 children of which:
 12 children placed with friend/relative carers (11 last mth)
 62 children are placed with LA carers
 19 are in adoption placements (13 last mth)
 8 are placed with parents or living independently (4 last mth)
 1 child is in secure accommodation (2 last mth)

96% of LAC stat visits are in time for April 2016. There were 22 children who did not have a visit in time of which 20 are on a 12 week visiting schedule due to stability of placement, this represents the most improved performance to date.

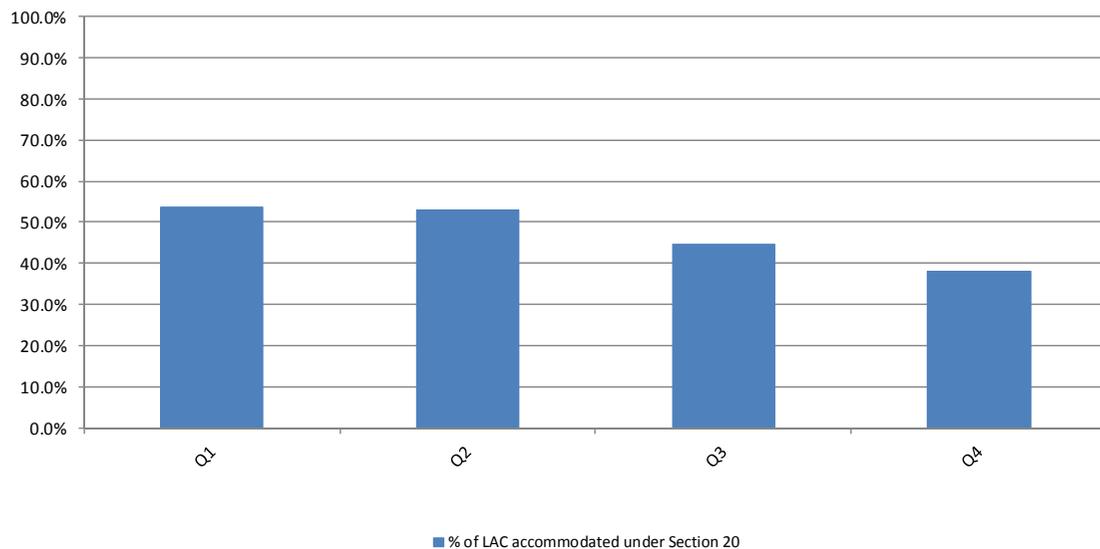
Obtaining LAC health assessment data remains a challenge following the LAC health team ceasing to record on

No. of looked after children	12/13	13/14	14/15	YTD 15/16
Outturn	437	491	568	544
Per 10k pop	80	90	104	97.7
Nat. Average	60	60	60	
SN Average	82	84	n/ava	

% of looked after children placed 20+ miles from home OOB boundary	12/13	13/14	14/15	YTD 15/16
Outturn	7%	7%	10%	10%
Nat. Average	12%	13%	n/ava	
SN Average	8%	11%	n/ava	

Looked After Children (LAC) activity	Q1	Q2	Q3	Q4
No. of LAC at end of period (excluding respite)	590	572	538	544
No. of LAC at end of period (excluding respite) per 10k pop	108.2	104.9	98.6	99.7
% of LAC placed 20+ miles from home, outside of the LA boundary	10%	10%	10%	11%
% of LAC placed outside of LA Boundary	29%	28%	30%	29%
No. of LAC who experienced a change of allocated social worker in the period.	192	230	160	203
% LAC who have had a statutory visit within the last 6 weeks @ end of period	63%	92%	91%	85%
% of LAC initial health assessments completed in timescale	n/ava	n/ava	n/ava	
% of LAC review health assessments completed in timescale	n/ava	n/ava	n/ava	

% of LAC accommodated under Section 20



Commentary:

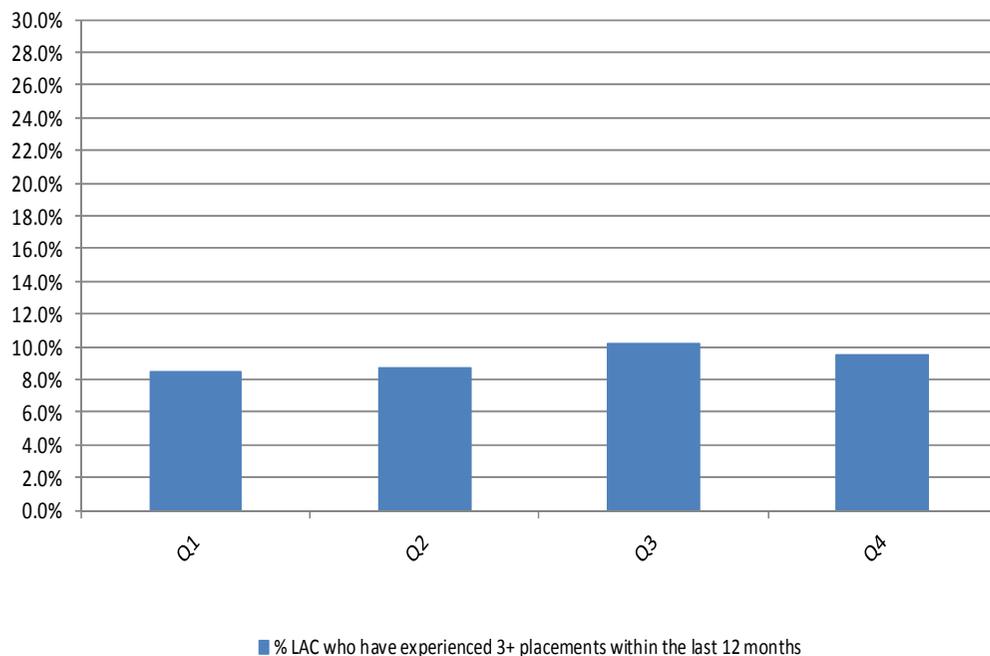
The review of children accommodated under S20 continues and further reductions have been made to 38.1% at the end of Q4

These cases continue to be reviewed on a monthly basis to ensure progression and reduce drift and delay.

% of LAC accommodated under Section 20	12/13	13/14	14/15	YTD 15/16
Outturn	37%	43%	52%	38%
Nat. Average	27%	28%	n/ava	
SN Average	24%	26%	n/ava	

Looked After Children activity by legal status	Q1	Q2	Q3	Q4
% of LAC on Placement or Freeing Order	13.2%	12.1%	14.1%	14.9%
% of LAC on Full Care Order	27.5%	28.7%	33.1%	34.4%
% of LAC on Interim Care Order	4.8%	5.2%	7.1%	11.9%
% of LAC subject to EPO or PPO, remanded to LA accommodation/youth detention accommodation	0.9%	0.9%	1.3%	0.7%
% of LAC accommodated under Section 20	53.7%	53.1%	44.6%	38.1%
Total no. of LAC (excluding respite)	590	572	538	544
No. of LAC accommodated under Section 20 aged 12 years or under for 12+ months	61	68	60	50

% LAC with 3+ placements



Commentary:

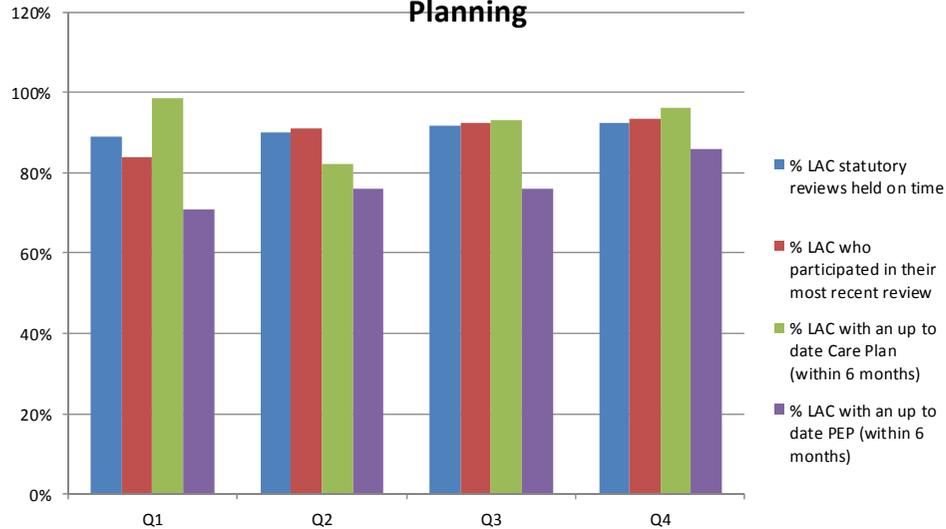
Both indicators continue to maintain good performance.

% LAC with 3+ placements in last 12 months	12/13	13/14	14/15	YTD 15/16
Outturn	11%	12%	11%	10%
Nat. Average	11%	11%	n/ava	
SN Average	11%	10%	n/ava	

Looked After Children placement stability	Q1	Q2	Q3	Q4
No. of LAC who experienced an unplanned placement move in the period	n/ava	12	16	14
% LAC who have experienced 3+ placements within the last 12 months	8.5%	8.7%	10.2%	9.5%

6d. Looked After Children

Looked After Children Statutory Review and Care Planning

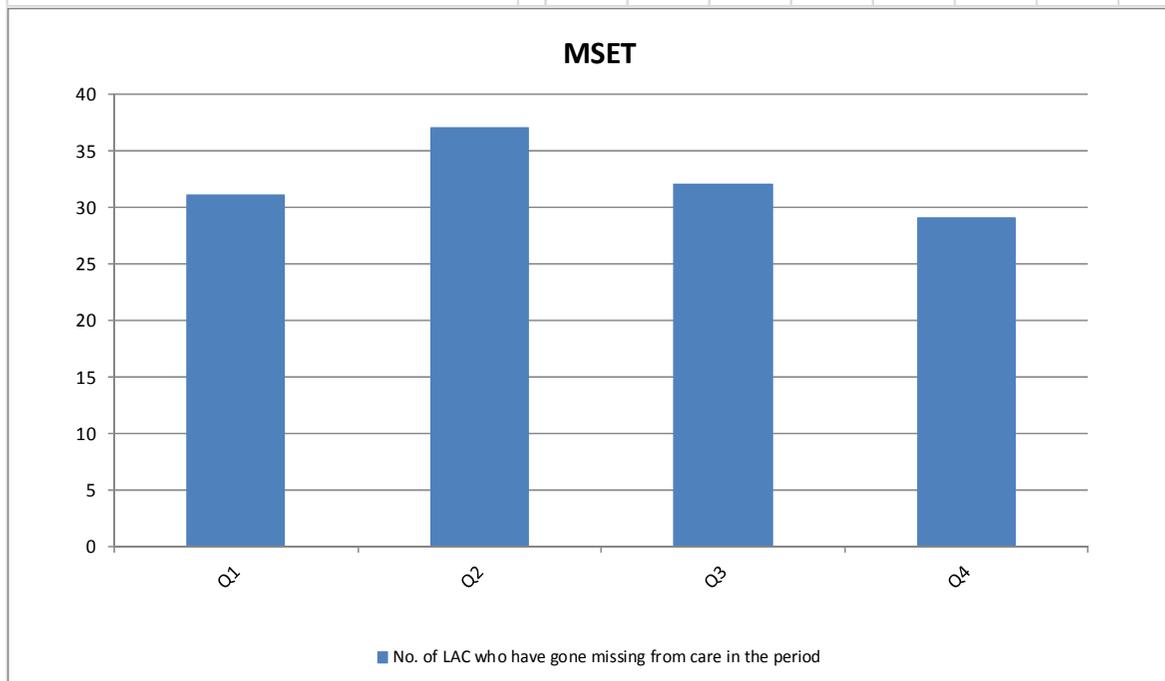


Commentary:

At the end of q4 performance against all 4 indicators continues to be maintained

% LAC stat. reviews held on time	12/13	13/14	14/15	YTD 15/16
Outturn	n/ava	n/ava	n/ava	99%

Looked After Children statutory review and care planning	Q1	Q2	Q3	Q4
% LAC statutory reviews held on time	89%	90%	92%	92%
% LAC who participated in their most recent review	84%	91%	92%	93%
% LAC with an up to date Care Plan (within 6 months)	99%	82%	93%	96.0%
% LAC with an up to date PEP (within 6 months)	71%	76%	76%	86%

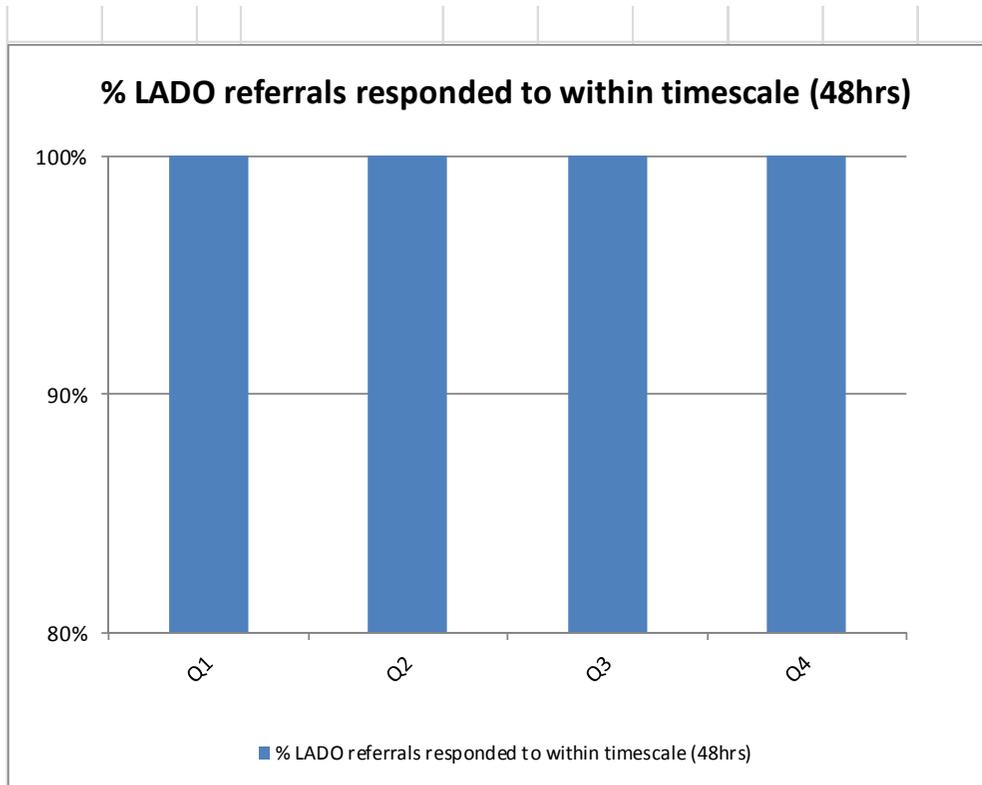


Commentary:

The completion of risk assessments for those children identified at risk of CSE continues to improve. However challenges remain for return home interviews which is being addressed through the procurement process and utilising internal resources.

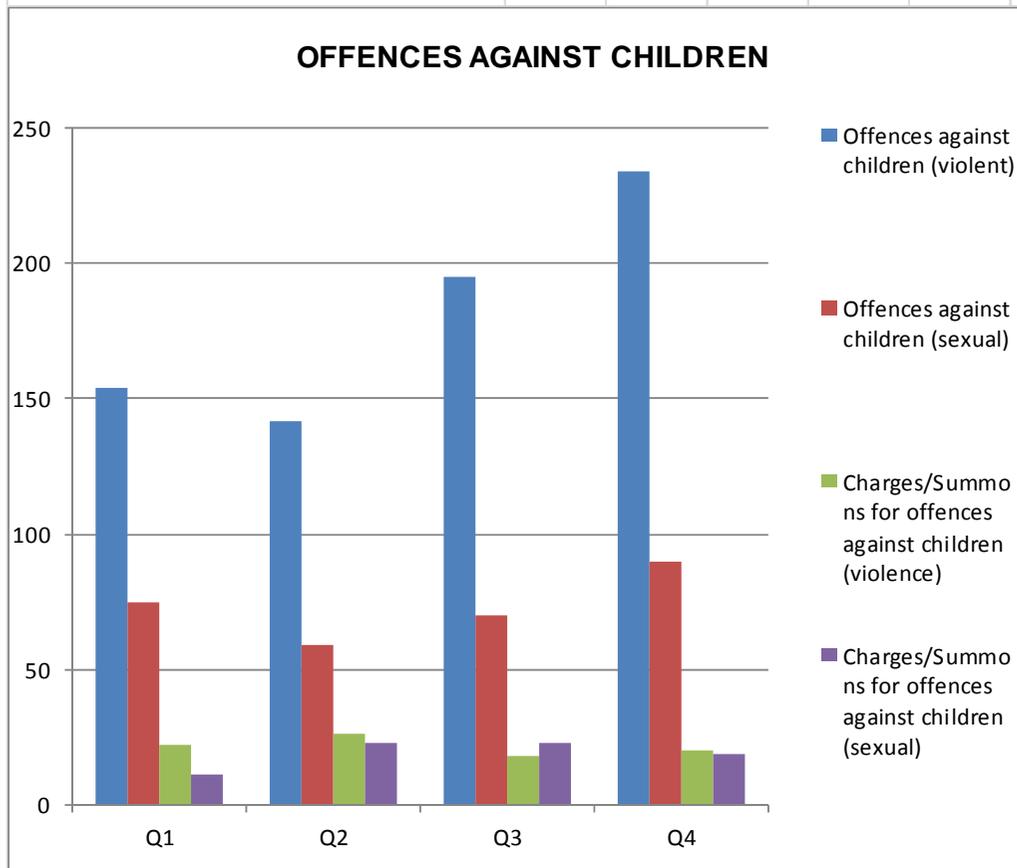
The number of children missing from residential care in Q4 has seen a decline compared with previous months in the year.

Looked After Children missing from care	Q1	Q2	Q3	Q4
No. of LAC who have gone missing from care in the period	31	37	32	29
No. of missing Episodes from care in period	55	44	75	80
% of return interviews completed (of total episodes in the period)	16%	16%	41%	49%
No. of new children identified by CSC at risk of CSE	40	55	54	25
No. of on-going at risk at end of period	n/ava	17	18	10
% children identified at risk who have a CSE completed risk matrix assessment	75%	76%	86%	91%



Commentary:
 Performance continues to be maintained at 100% for this indicator

LADO referrals	Q1	Q2	Q3	Q4
No. of LADO referrals in the period	48	43	46	48
% LADO referrals responded to within timescale (48hrs)	100%	100%	100%	100%



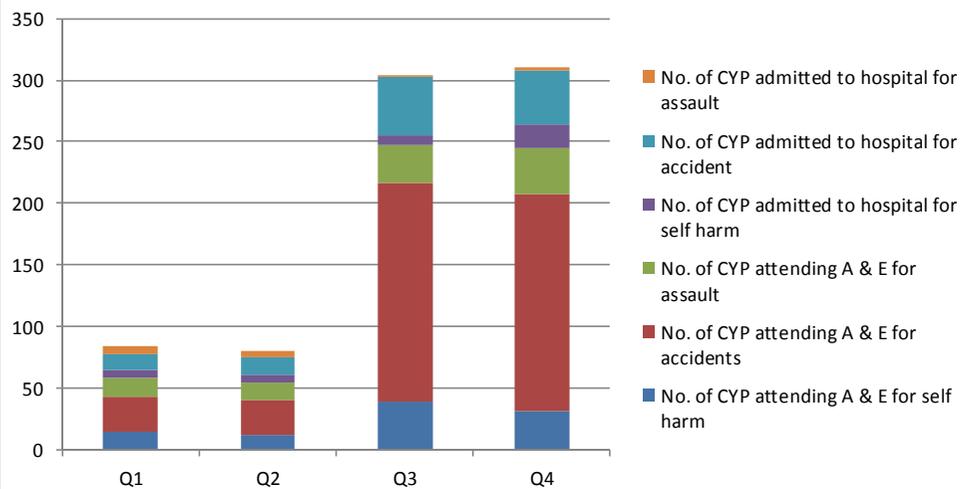
Commentary:

There have been some substantial changes in offences against children in Q4, an overview has been provided by the Police to provide additional information on these variances.

Offending	Q1	Q2	Q3	Q4	Q3 2014/15	DOT	% of Force
Offences against children (violent)	154	142	195	234	98	(+)139%	23%
Offences against children (sexual)	75	59	70	90	73	(+)23%	18%
Charges/Summons for offences against	22	26	18	20	21	(-)4.8%	21%
Charges/Summons for offences against	11	23	23	19	18	(+)5.6%	31%
Drug related offending children	20	20	21	12	22	(-)45%	25%
Children accused of sexual offences	18	13	21	22	29	(-)21.4%	18%
Children accused of violent offences	89	98	119	108	74	(+)45.9%	21%

10. Health and Wellbeing

Hospital Attendances and Admissions

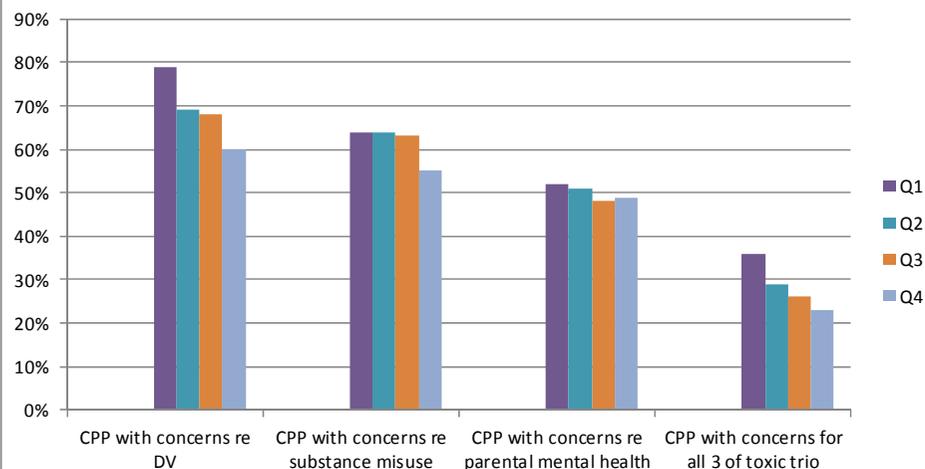


Commentary:

The figures remain static compared with previous months other than those admitted for to hospital for self harm, it is suggested we establish why there has been such an increase and the nature of the self harm.

Health and Wellbeing	Q1	Q2	Q3	Q4
No. of CYP attending A & E for self harm	15	12	39	31
No. of CYP attending A & E for accidents	28	29	178	177
No. of CYP attending A & E for assault	15	14	31	37
No. of CYP admitted to hospital for self harm	7	6	7	19
No. of CYP admitted to hospital for accident	13	14	47	44
No. of CYP admitted to hospital for assault	6	6	1	2
No of new referrals to CYPS				
No of ongoing and receiving a CYPS service				
No on waiting list for CYPS service				
Ave waiting time between referral and service				

CPP - Toxic Trio



Commentary:

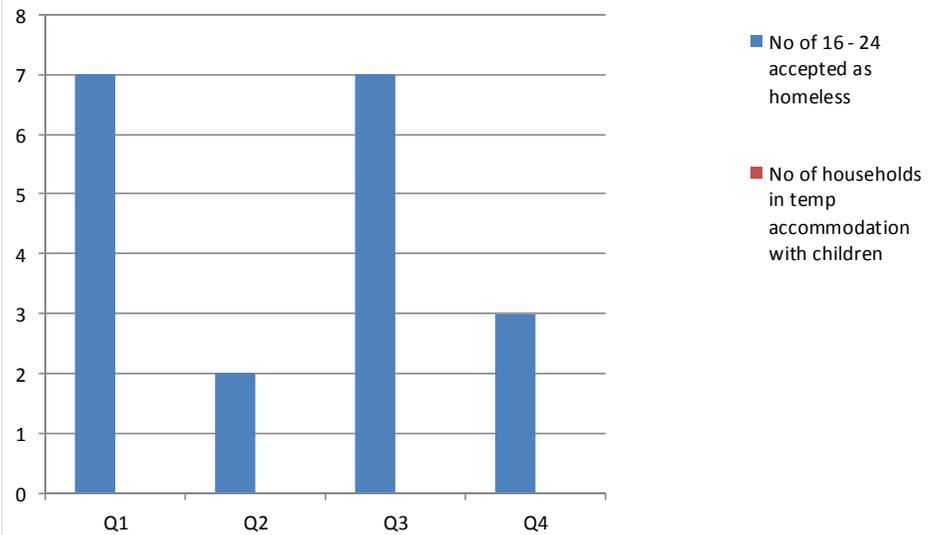
The presence of domestic violence, substance misuse and parental mental health remains high in those cases that have been to conference.

The number of domestic abuse incidents involving children has decreased in the last 2 quarters compared with the first half of the year.

Toxic Trio	Q1	Q2	Q3	Q4
CPP with concerns re DV	79%	69%	68%	60%
CPP with concerns re substance misuse	64%	64%	63%	55%
CPP with concerns re parental mental health	52%	51%	48%	49%
CPP with concerns for all 3 of toxic trio	36%	29%	26%	23%
Domestic Violence incidents where child involved	685	680	671	623
No of new treatment journeys for substance misuse (with children in the household)	30	33	21	24

% CPP with concerns re toxic trio	12/13	13/14	14/15
Outturn - DV	70%	60%	59%
Outturn - PMH	57%	51%	51%
Outturn - Substance Misuse	66%	66%	54%
Outturn - All three	22%	31%	23%

Temporary Accommodation and Homelessness



Accommodation	Q1	Q2	Q3	Q4
No of 16 - 24 accepted as homeless	7	2	7	3
No of households in temp accommodation with children	0	0	0	0

SSCB Budget Statement outturn for 2015 – 2016 Financial Year

Expenditure	Revised 2015/16 Budget	Expenditure	Projected Expenditure	(Over)/Under
Business Unit Employee's	£148,437	£148,437	£148,437	£0
Independent Chair	£30,000	£30,000	£30,000	£0
Travel Expenses	£1,250	£1,702	£1,702	£0
Office Expenses	£500	£500	£500	£0
Sandhill View Charges	£3,231	£3,231	£3,231	£0
Hospitality	£2,250	£2,171	£2,171	£0
Training Programme Expenses	£3,000	£2,627	£2,627	£0
Web Enabled Procedures & SSCB Website	£5,700	£5,700	£5,700	£0
Contribution to Regional CDR	£19,000	£19,000	£19,000	£0
Serious Case Review Expenditure	£60,000	£60,000	£60,000	£0
Chronolator License	£1,519	£1,519	£1,519	£0
Subtotal	£274,887	£274,887	£274,887	£0

Income	Revised 2015/16 Income	Current Income	Projected Income	(Over)/Under
Sunderland City Council - Children's Services	£149,534	£0	£149,534	£0
Sunderland CCG	£41,899	£41,899	£41,899	£0
Police	£5,100	£5,100	£5,100	£0
Gentoo	£5,000	£5,000	£5,000	£0
CAFCASS	£550	£0	£550	£0
Probation	£500	£500	£500	£0
NHS England	£20,000	£20,000	£20,000	£0
Budgeted Contribution from reserves	£49,432	£0	£49,432	£0
Whole Family Conference	£965	£965	£965	£0
Misc	£1,907	£1,907	£1,907	£0
Subtotal	£274,887	£75,371	£274,887	£0

Projected (Over)/Underspend

£0

SSCB Reserves

Opening Balance (April 2015)	£49,432
Appropriation	(£49,432)
Closing Balance of Reserves (March 2016)	Nil

SSCB						
Agency Represented	Date of meeting				Attended	% Attendance
	13.04.15	13.07.15	12.10.15	11.01.16		
Independent Chair	✓	✓	✓	✓	4/4	100%
Sunderland Clinical Commissioning Group (Vice Chair)	✓	✓	✓	✓	4/4	100%
CAFCASS	✓	✓	Ap	Ap	2/4	50%
City Hospitals Sunderland NHS Foundation Trust	✓	✓	✓	✓	4/4	100%
Elected Member - Participatory Observer	Ap	✓	✓	✓	3/4	75%
Gentoo	✓	Ap	Dep	Dep	3/4	75%
Healthwatch	n/a	n/a	n/a	✓	1/1	25%
Lay Member	✓	Ap	✓	✓	3/4	75%
NHS England (represented by CCG)	X	Ap	Dep	Dep	3/4	50%
North East Ambulance Service NHS	X	X	X	X	0/4	0%
Northumberland Tyne & Wear NHS Foundation Trust	✓	✓	✓	✓	4/4	100%
Northumbria Community Rehabilitation Company	✓	✓	✓	✓	4/4	100%
Northumbria Police	✓	✓	✓	Dep	4/4	100%
National Probation Service	X	✓	✓	✓	3/4	75%
South Tyneside NHS Foundation Trust	✓	✓	✓	Dep	4/4	100%
Sunderland City Council	✓	Ap	✓	Dep	2/4	75%
Sunderland City Council	✓	✓	Dep	Dep	2/4	100%
Sunderland City Council Education	✓	Ap		x	3/4	50%
Sunderland College	Ap	Ap	Ap	x	0/4	0%
The University of Sunderland	X	Ap	Ap	Ap	0/4	0%
Turning Point	✓	✓	✓	Ap	3/4	75%
Tyne & Wear Fire and Rescue Service	✓	Ap	✓	✓	3/4	75%
In Attendance/Advisors						
Sunderland City Council	✓	✓	✓	✓	4/4	100%
City Hospitals Sunderland NHS Foundation Trust	✓	✓	✓	✓	4/4	100%
Financial Advisor	Ap	Ap	✓	✓	2/4	50%
Sunderland City Council Integrated Commissioning	Ap	Ap	Ap	Ap	0/0	0%
Legal Advisor	Ap	✓	Ap	x	1/4	25%
Public Health	✓	✓	✓	✓	4/4	100%
SSCB	✓	✓	✓	✓	4/4	100%
Sunderland City Council Safeguarding	Ap	Ap	✓	✓	2/4	50%
Sunderland Clinical Commissioning Group	Ap	Ap	✓	✓	2/4	50%
Youth Offending Service	Ap	x	Dep	✓	2/4	50%

SSCB Executive Group										
Agency Represented	11.05.15	15.06.15	17.08.15	14.09.15	16.11.15	14.12.15	15.02.16	14.03.16	Attended	% Attendance
Independent Chair	✓	✓	✓	✓	✓	✓	CANCELLED	✓	7/7	100%
Sunderland CCG Head of Safeguarding (Vice Chair)	✓	✓	✓	✓	✓	✓		✓	7/7	100%
City Hospitals Sunderland NHS Foundation Trust	✓	A p	✓	D e p	D e p	D e p		✓	3/7	43%
Lay Member	✓	✓	✓	✓	✓	✓		✓	7/7	100%
Northumberland Tyne & Wear NHS Foundation Trust	A p	✓	✓	A p	✓	✓		✓	5/7	71%
Northumbria Police	A p	✓	✓	✓	✓	✓		✓	6/7	86%
Primary Headteacher Hudson Road	N/ A	✓	✓	✓	✓	✓		✓	6/6	100%
Primary Headteacher Hetton Lyons	N/ A	A p	A p	✓	✓	A p		✓	3/6	50%
Principal Castleview Academy					✓	✓		✓	3/3	100%
South Tyneside NHS Foundation Trust Strategic Lead	✓	✓	✓	✓	✓	✓		A p	6/7	68%
Sunderland City Council Integrated Commissioning	✓	✓	A p	✓	✓	✓		✓	6/7	86%
Sunderland City Council Education	✓	✓	✓	✓	✓	✓		✓	7/7	100%
Sunderland City Council Safeguarding	A p	A p	✓	✓	✓	✓		✓	5/7	71%
Sunderland City Council Interim Associate Director	A p	✓	D e p	D e p	D e p	D e p		D e p	6/7	86%
Sunderland City Council Service Transformation & Prof Lead Manager	X	✓	✓	A p	A p	✓		✓	4/7	57%
Sunderland CCG Des Nurse Safeguarding Adults	A p	A p	X	✓	A p	✓	CANCELLED	A p	2/7	28%
Sunderland CCG Director of Nursing, Quality & Safety	A p	✓	✓	A p	✓	✓		D e p	5/7	57%
Sunderland College	✓	✓	✓	✓	✓	A p		D e p	5/7	86%
Tyne and Wear Fire and Rescue Service	X	X	X	X	x	x		N/ A	0	0
Youth Offending Service	X	✓	X	✓	✓			✓	5/7	71%
SSCB	✓	✓	A p	✓	✓	✓	N/A	✓	6/7	86%

Legal Advisor	✓	✓	A p	✓	A p	A p		A p	3/7	43%
Financial Advisor	✓	✓	✓	✓	✓	A p		✓	6/7	86%
Performance Lead Advisor	A p	✓	A p	✓	✓	✓		✓	5/7	71%

SSCB Communication & Engagement Subcommittee							
Agency Represented	15.05.15	10.07.15	11.09.15	13.11.15	15.01.16	Attended	% Attendance
South Tyneside Foundation Trust (Chair)	✓	✓	✓	✓	✓	5/5	100
Anti Bullying Coordinator	✓	✓	Ap	X	✓	3/5	60
City Hospitals Sunderland NHS Foundation Trust	Ap	✓	Ap	X	X	1/5	20
City of Sunderland College	X	X	Ap	X	X	0/5	0
Community Safety Office of the Chief Executive	Ap	✓	✓	X	✓	3/5	60
Northumberland, Tyne & Wear NHS Foundation Trust	X	X	Ap	X	X	0/5	0
Northumbria Police	✓	✓	Ap	X	X	2/5	40
Safeguarding Adults	✓	✓	Ap	X	✓	3/5	60
SSCB	Ap	Ap	✓	✓	✓	3/5	60
Sunderland Carers' Centre	✓	✓	X	✓	✓	4/5	80
Sunderland City Council Operational Manager	Ap	X	X	✓	X	1/5	20
Sunderland City Council Risk & Assurance	Ap	X	X	✓	X	1/5	20
Sunderland City Council Strategic Service Manager	Ap	✓	✓	✓	✓	4/5	80
Sunderland Clinical Commissioning Group	✓	✓	✓	✓	✓	5/5	100
Tyne & Wear Care Alliance	X	X	X	X	X	0/5	0
Tyne & Wear Fire & Rescue Service	X	X	X	X	X	0/5	0
Voluntary & Community Action Sunderland	X	X	X	X	X	0/5	0
Co-opted Members							
Gentoo	X	X	X	X	X	0/5	0
Sunderland City Council Integrated Commissioning	X	X	X	X	X	0/5	0
Northumbria Probation Trust	X	✓	X	X	X	1/5	20
Sunderland City Council Comms	X	X	✓	✓	✓	3/5	60

SSCB Learning & Improvement in Practice Subcommittee						
Agency Represented	28.04.15	07.07.15	13.10.15	12.01.16	Attended	% Attendance
Sunderland Clinical Commissioning Group (Chair)	Ap	✓	✓	Ap	2/4	50
Integrated Commissioning Adults	✓	✓	✓	Ap	3/4	75
City Hospitals Sunderland NHS Foundation Trust	✓	Ap	✓	✓	3/4	75
City Hospitals Sunderland NHS Foundation Trust	X	✓		Ap	1/4	25
Gentoo	✓	Ap	✓	✓	3/4	75
Lay Member	✓	X	✓	✓	3/4	75
Legal Advisor	✓	X	Ap	Ap	1/4	25
North East Ambulance Service NHS Trust	Ap	✓	✓	✓	3/4	75
Northumberland, Tyne & Wear NHS Foundation Trust	✓	✓	✓	Ap	3/4	75
Northumbria Police	✓	X	✓	Ap	2/4	50
National Probation Service	X	X	✓	✓	2/4	50
Northumbria CRC	X	X	X	X	0	0
Public Health	Ap	X	X	X	0	0
Children's Services	✓	✓	✓	✓	4/4	100
South Tyneside NHS Foundation Trust	✓	✓	✓	Ap	3/4	75
SSCB	✓	✓	✓	✓	4/4	100
Sunderland City Council Early Intervention	✓	X	✓	✓	3/4	75
Sunderland City Council Education	Ap	✓	✓	✓	3/4	75
Youth Offending Service			✓	✓	2	50
Co-opted Members						

SSCB Legal, Policy & Procedure Subcommittee								
Agency Represented	08.06.15	03.08.15	24.08.15	05.10.15	07.12.15	01.02.16	Attended	% Attendance
Sunderland Clinical Commissioning Group (Chair)	✓	C A N C E L L E D	✓	✓	✓	✓	5/5	100
Children's Safeguarding	X		✓	Ap	X	X	1/5	20
City Hospitals Sunderland	✓		✓	✓	✓	X	4/5	80
Safeguarding Adult Team (Business Unit)	✓		X	✓	✓	✓	4/5	80
South Tyneside NHS Foundation Trust	✓		X	X	X	X	1/5	20
SSCB Business Unit	✓		X	✓	✓	✓	4/5	80
Education Rep	X		X	X	X	X	0	0
Learning Disability Team (HHAS)	X		X	X	X	X	0	0
Youth Offending Service	✓		X	✓	✓	Ap	3/5	60
Gentoo	X		✓	✓	X	✓	3/5	60
Co-opted Members								
Legal Advisor	✓		X	X	X	Ap	1/5	20
Northumberland Tyne & Wear NHS Foundation Trust	X		X	X	X	X	0	0
Northumbria Police	X		✓	X	X	X	1/5	20
Strategic Commissioning Team	X		✓	Ap	X	✓	2/5	40
Sunderland City Council Interim Associate Director	X		X	X	X	X	0	0
Sunderland City Council Early Intervention & Locality Manager	X		X	X	✓	✓	2/5	40
Licensing Rep	N/A		N/A	N/A	N/A	✓	1/1	100
Public Health Commissioning	X		X	X	X	Ap	0	0

SSCB Local Child Death Review Panel Subcommittee								
Agency Represented	18.05.15	06.07.15	07.09.15	02.11.15	18.01.16	07.03.16	Attended	% Attendance
Sunderland NHS Clinical Commissioning Group (Chair)	C A N C E L L E D	✓	✓	Ap	✓	✓	4/5	80
Northumbria Police		✓	✓	✓	X	Ap	3/5	60
City Hospitals Sunderland NHS Foundation Trust (Designated Doctor)		✓	✓	✓	✓	✓	5/5	100
Education & Schools		X	Ap	Ap	✓	✓	2/5	40
Legal Advisor		Ap	X	Ap	Ap	Ap	0	0
North East Ambulance Service NHS Trust		Ap	✓	Ap	Ap	✓	2/5	40
Public Health		Ap	✓	Ap	Ap	Ap	1/5	20
South of Tyne & Wearside Child Death Co-ordinator		✓	✓	✓	Ap	✓	4/5	80
SSCB		✓	✓	✓	✓	✓	5/5	100
Sunderland City Council SCR & CDR Co-ordinator		Ap	✓	✓	✓	✓	4/5	80
Specialist Health Visitor for Children with additional needs		X	✓	✓	✓	Ap	3/5	60
Accident Prevention Representative					✓	✓	2/5	40

SSCB MSET Subcommittee																
Agency Represented	21.04.15	19.05.15	16.06.15	14.07.15	11.08.15	08.09.15	06.10.15	10.11.15	08.12.15	05.01.16	02.02.16	01.03.16	Attended	% Attendance		
Northumbria Police	C A N C E L L E D	C A N C E L L E D	✓		✓	✓	✓	✓	✓	✓	✓		8/8	100		
City Hospitals Sunderland			X		X	X	A p	A p	A p	✓	✓			2/8	25	
Sunderland City Council Integrated Commissioning Safeguarding Adults			A p		A p		A p	✓	✓	✓	✓	A p			4/8	50
Northumbria Community Rehabilitation Co			X		X	X	A p	A p	X	X	X	X			0	
Northumberland Tyne & Wear NHS Foundation Trust					✓		✓	A p	A p	A p	✓	X			3/8	37.5
Children's Society					✓		A p	✓	✓	A p	✓	X	✓		5/8	62.5
SSCB					✓		✓	✓	✓	✓	✓	✓	✓		8/8	100
Sunderland City Council Strategic CSE Co-ordinator					✓		A p	✓	A p	A p	✓	✓	✓		5/8	62.5
Sunderland City Council Integrated Commissioning IRO					✓		A p	A p	A p	A p	A p	X	D e p		2/8	25
Sunderland City Council Safeguarding					A p		A p	✓	✓	✓	A p	✓	✓		5/8	62.5
Sunderland City Council Education					✓		A p	✓	✓	A p	A p	X	X		3/8	37.5
Sunderland City Council Early Intervention					✓		A p	A p	✓	✓	A p	✓			4/8	50
Sunderland City Council Policy & Perf (Safer Sunderland Partnership)					A p		✓	A p	✓	✓	✓	✓	✓		6/8	75
Sunderland Clinical Commissioning Group					D e p		✓	D e p	✓	D e p	✓	✓	D e p		8/8	100
Youth Offending Service					A p		A p	✓	✓	✓	✓	✓	✓		6/8	75
Co-opted Members																
Sunderland CCG Named GP			N / A		N / A		0	0								
National Probation Service			X		A p	✓	✓	A p					2/8	25		
MSET Operational Group Chair								P	A p	P			2/8	25		
MSET Operational Co-ordinator									P	A p			1/8	12.5		

SSCB Quality Assurance Subcommittee																
Agency Represented	22.04.15	20.05.15	24.06.15	15.07.15	12.08.15	16.09.15	14.10.16	23.11.15	10.12.15	18.01.16	08.02.16	21.03.16	Attended	% Attendance		
Sunderland NHS Clinical Commissioning Group (Chair from Dec 2015)		C A N C E L L E D			C A N C E L L E D	Member from Dec 2015			D e p	✓	D e p	D e p	1/4	25		
Gentoo	Ap		✓	✓		✓	A p	A p	A p	✓	✓			5/10	50	
City Hospitals Sunderland NHS Foundation Trust	✓		✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10	100
South Tyneside NHS Foundation Trust	Ap		✓	✓		✓	✓	✓	A p	A p	A p	A p	D e p		5/10	50
SSCB	✓		✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10	100
Sunderland City Council Performance Lead	✓		✓	✓		✓	A p	✓	✓	✓	A p	✓	A p		7/10	70
Sunderland City Council Safeguarding	✓					A p	✓	✓	✓	✓	✓	✓	✓	✓	9/10	90
Sunderland City Council QA Service Manager	✓		✓			A p	No longer attending							2/3	66.6	
Sunderland City Council Independent Reviewing Service	✓		A p	A p		A p	A p	A p	A p	A p	A p	A p	D e p		2/10	20
Sunderland City Council Education						X		A p	✓	A p	A p	A p	✓		2/10	20
Sunderland NHS Clinical Commissioning Group (Chair until June 2015)	✓		✓	✓		A p	✓	✓	✓	✓	✓	✓	D e p	✓	9/10	90
Northumbria Police						✓	✓	✓	✓	✓	✓	✓	✓	✓	8/10	80
Youth Offending Service												✓	D e p	✓	3/3	100
Early Help											Member from Feb 2016		✓	✓	2/2	100
Northumberland Tyne & Wear NHS Foundation Trust											Member from Mar 2016				0	0
Sunderland City Council Interim Associate Director (Chair July – Nov 2015)						✓	✓	✓	✓	No longer attending				4/4	100	
Sunderland NHS Clinical Commissioning Group								Member from Feb 2016		✓	D e p		2/2	100		

SSCB Training & Workforce Development Subcommittee									
Agency Represented	07.05.15	22.06.15	30.07.15	10.09.15	22.10.15	03.12.15	01.02.16	Attended	% Attendance
Sunderland City Council Service Transformation (Chair)	✓	✓	✓	✓	X	✓	✓	6/7	85
Gentoo	X	X	X	X	X	X	X	0	0
City Hospitals Sunderland NHS Foundation Trust	X	Ap	✓	Ap	✓	X	✓	3/7	42
Designated Doctor City Hospitals Sunderland NHS Foundation Trust	X	Ap	AP	Ap	✓	X	X	1/7	14
DOLS	X	Ap	Ap	Ap	X	X	X	0	0
MASH LADO	X	Ap	Ap	Ap	X	X	X	0	0
Northumberland Tyne & Wear NHS Foundation Trust	✓	Ap	✓	✓	X	X	✓	4/7	57
Northumbria Police	✓	Ap	Ap	Ap	X	X	X	1/7	14
Office of the Chief Executive	X	X	X	✓	X	X	✓	2/7	28
South of Tyne Safeguard & Public Protection	X	X	X	X	X	X	X	0	0
South Tyneside NHS Foundation Trust	X	✓	✓	X	X	✓	X	3/7	42
SSCB	✓	✓	X	✓	✓	X	✓	5/7	71
Sunderland City Council HR & OD	Ap	✓	✓	✓	✓	✓	✓	6/7	85
Sunderland City Council Children's Safeguarding	Ap	X	X	X	X	X	X	0	0
Sunderland Clinical Commissioning Group	✓	X	X	✓	✓	X	✓	4/7	57
Tyne & Wear Care Alliance	✓	✓	✓	X	✓	X	X	4/7	57
Co-opted Members									
Sunderland Clinical Commissioning Group	✓	X	X	X	✓	X	✓	3/7	42
Safeguarding Adults	✓	✓	✓	X	X	✓	✓	5/7	71
Sunderland City Council Integrated Commissioning	X	X	X	X	X	X	X	0	0

Glossary of Terms

Appendix 7

Acronym	Detail
A&E	Accident and Emergency Department
ACPO	Association of Police Officers
ADCS	Association of Directors of Childrens Services
BU	Business Unit
CAF	Common Assessment Framework
CCGs	Clinical Commissioning Groups
CDOP	Child Death Overview Panel
CHS	City Hospitals Sunderland
CIN	Child(ren) in Need
CPB	Corporate Parenting Board
CPP	Child Protection Plan
CQC	Care Quality Commission
CS	Children's Services
CSE	Child Sexual Exploitation
CSLT	Children's Services Leadership Team
CYPP	Children and Young People's Plan
CYPS	Child and Young People Service
DCS	Director of Children's Services
DfE	Department for Education
DHR	Domestic Homicide Review
DV	Domestic Violence
EH	Early Help
FGM	Female Genital Mutilation
GP	General Practitioner
HBV	Honour Based Violence
HMIC	Her Majesty's Inspectorate of Constabulary
HWB	Health and Wellbeing Board
ICPC	Initial Child Protection Conference
IRO	Independent Reviewing Officer
JSNA	Joint Strategic Needs Assessment
LAC	Looked After Children
LADO	Local Authority Designated Officer
LSCB	Local Safeguarding Children Board
LIF	Learning and Improvement Framework
LLLRs	Local Learning Lessons Reviews
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
MSET	Missing Sexually Exploited and Trafficked
NTW	North of Tyne and Wear NHS Foundation Trust
NYAS	National Youth Advocacy Service
PCC	Police and Crime Commissioner
PF	Private Fostering
PMF	Performance Management Framework
Q1	Quarter 1
QA	Quality Assurance

Acronym	Detail
S(175)	Section 175 Education Act
S11	Section 11 of the Children Act 2004
SCCI	Serious Child Care Incident
SCRs	Serious Case Reviews
SEND	Special Educational Needs and Disability
SMART	Specific, Measurable, Agreed, Relevant, Timely
SSAB	Sunderland Safeguarding Adults Board
SSCB	Sunderland Safeguarding Children Board
STFT	South Tyneside Foundation Trust
SUDIC	Sudden Unexpected Death in Childhood
WT	Working Together to Safeguard Children (Statutory Guidance)
YJB	Youth Justice Board
YOS	Youth Offending Service
YP	Young People